# *Annual Report*

for the year ending March 31, 2000

Department of Health and Social Services

Jones Building, 11 Kent Street, P.O. Box 2000
Charlottetown, Prince Edward Island, Canada, C1A 7N8
Tel: 902-368-4900 Fax: 902-368-4969

Prince Edward Island
CANADA

104-02171/

# MESSAGE FROM THE MINISTER

To the Honourable Gilbert Clements
Lieutenant Governor of Prince Edward Island

May It Please Your Honour:

It is my privilege to present the Annual Report of the Department of Health and Social Services for the fiscal year ended March 31, 2000.

Respectively submitted,

Jamie Ballem

Jamie Ballem
Minister
Department of Health and Social Services

# TABLE OF CONTENTS


Page

Legislative Responsibilities . . . . . 1

Deputy Minister's Overview . . . . . 3

Operating Principles of the Department of Health and Social Services . . . . . 4

Organizational Structure
- Health and Social Services System . . . . . 5
- Department of Health and Services . . . . . 6
- Regional Board Members . . . . . 7

Year In Review
- Strategic Directions For 1999/2000 . . . . . 8
- Goal Results . . . . . 8

L'année En Bref . . . . . 15

Divisional Reports
- Acute and Continuing Care . . . . . 23
- Chief Health Officer . . . . . 28
- Child, Family and Community Services . . . . . 30
- Corporate Services . . . . . 35
- Finance, Administration and Health Informatics . . . . . 39
- Medical Services . . . . . 44
- Public Health and Evaluation Services . . . . . 47

Appendices
- Appendix A - Division of Vital Statistics . . . . . 52
- Appendix B - Welfare Assistance Program . . . . . 55
- Appendix C - Statistical Highlights . . . . . 58

Financial Statements . . . . . 64

# LEGISLATIVE RESPONSIBILITIES

Legislation administered by the Department of Health and Social Services for which the Minister of Health and Social Services is responsible:

| | | DIVISION RESPONSIBLE |
|---|---|---|
| 1. | Adoption Act | Child, Family, and Community Services |
| 2. | Adult Protection Act | Acute and Continuing Care |
| 3. | Change of Name Act | Finance, Admin. and Health Informatics |
| 4. | Child Care Facilities Act | Child, Family, and Community Services |
| 5. | Chiropractic Act | Corporate Services |
| 6. | Community Care Facilities and Nursing Homes Act | Acute and Continuing Care |
| 7. | Dental Profession Act | Public Health and Evaluation |
| 8. | Dietitians Act | Acute and Continuing Care |
| 9. | Dispensing Opticians Act | Corporate Services |
| 10. | Donation of Food Act | Public Health and Evaluation |
| 11. | Drug Cost Assistance Act | Acute and Continuing Care |
| 12. | Family and Child Services Act | Child, Family, and Community Services |
| 13. | Health and Community Services Act | Corporate Services |
| 14. | Health Services Payment Act | Medical Services |
| 15. | Hospital and Diagnostic Services Insurance Act | Medical Services |
| 16. | Hospitals Act | Medical Services/Acute & Continuing Care |
| 17. | Housing Corporation Act | Child, Family, and Community Services |
| 18. | Human Tissue Donation Act | Acute and Continuing Care |
| 19. | Licensed Nursing Assistants Act | Acute and Continuing Care |

## LEGISLATIVE RESPONSIBILITIES (Cont'd)

| | | DIVISION RESPONSIBLE |
|---|---|---|
| 20. | Marriage Act | Finance, Admin. and Health Informatics |
| 21. | Medical Act | Medical Services |
| 22. | Mental Health Act | Acute and Continuing Care |
| 23. | Nurses Act | Acute and Continuing Care |
| 24. | Occupational Therapists Act | Acute and Continuing Care |
| 25. | Optometry Act | Corporate Services |
| 26. | Pharmacy Act | Acute and Continuing Care |
| 27. | Physiotherapy Act | Acute and Continuing Care |
| 28. | Premarital Health Examination Act | Public Health and Evaluation |
| 29. | Provincial Health Number Act | Finance, Admin. and Health Informatics |
| 30. | Psychologists Act | Corporate Services |
| 31. | Public Health Act | Chief Health Officer |
| 32. | Rehabilitation of Disabled Persons Act | Child, Family, and Community Services |
| 33. | Social Work Act | Corporate Services |
| 34. | Tobacco Sales to Minors Act | Public Health and Evaluation |
| 35. | Vital Statistics Act | Finance, Admin. and Health Informatics |
| 36. | Welfare Assistance Act | Child, Family, and Community Services |
| 37. | White Cane Act | Child, Family, and Community Services |

NOTE: Two other statues that are private members Bills are not in the Province's Official Consolidation but are considered to be within the responsibility of the Health and Social Services Ministry:

- Dental Technicians Association Act
- Funeral Directors and Embalmers Act

# DEPUTY MINISTER'S OVERVIEW

The Honourable Jamie Ballem
Minister of Health and Social Services
Province of Prince Edward Island

Honourable Minister:

I am pleased to submit this report of the health and social services system for the fiscal year ending March 31, 2000.

Among the many highlights of the year was the establishment of a $10 million Health Stabilization Fund to recruit new nurses and retain existing nurses in the province. As a result, 85 new full and part-time nursing positions were created, and 81 casual nurses obtained permanent employment in PEI.

Several new physician positions were established, and a $4.2 million physician recruitment strategy was introduced in February 2000. The primary focus of the 12-point plan is to help Prince Edward Island to remain competitive in the physician recruitment market, and to provide incentives for young Islanders to consider a career in medicine and return home to practice.

With the opening of the new PEI Cancer Treatment Centre in July 1999, Islanders now have access to enhanced radiation oncology services. The establishment of new magnetic resonance imaging (MRI) and linear accelerator services were also announced during the year.

As we enter 2000-2001, the Department has several significant initiatives planned. Foremost is the development of a new strategic plan that will address the many challenges facing our system during the next five years such as increasing demand for services, recruitment and retention of health professionals, and the need to enhance health information technology.

In closing, I wish to thank the many people who give in so many ways to our health and social services system. I'd like to acknowledge in particular, the significant contributions of the former minister, Honourable Mildred Dover, and the former deputy, Carol Anne Duffy whose leadership this report period covers. Their understanding of very complex issues and their supportive approach obviously had a very steadying influence on the system.

Continuing to work cooperatively with the Regional Health Authorities, the Department is committed to this partnership, ensuring that the health and social services needs of Islanders are met in an efficient and effective manner as we go forward into the new century.

Respectively submitted,

Rory Francis
Deputy Minister

# OPERATING PRINCIPLES of the HEALTH AND SOCIAL SERVICES SYSTEM

***Vision and Values***

The health and social services system is committed to promoting, protecting and improving the health of Islanders in partnership with Islanders.

This will be accomplished by providing an integrated range of health and social services, as well as supports for people to improve their own health and the health of Island communities.

***Beliefs***

This commitment is built on the beliefs that:

- Healthy Islanders and communities are key to building a strong and viable future for the province.
- Quality health care depends upon the people who provide services.
- Planning and delivery of health and social services is based on principles of partnership, fairness, sustainability and accountability.
- Responsibility for health is shared by individuals, families, communities and government.
- Health is determined by a broad range of factors outside the health system including childhood development, economic and social conditions.
- The health system must provide an integrated range of health services within an efficient and effective administrative structure.

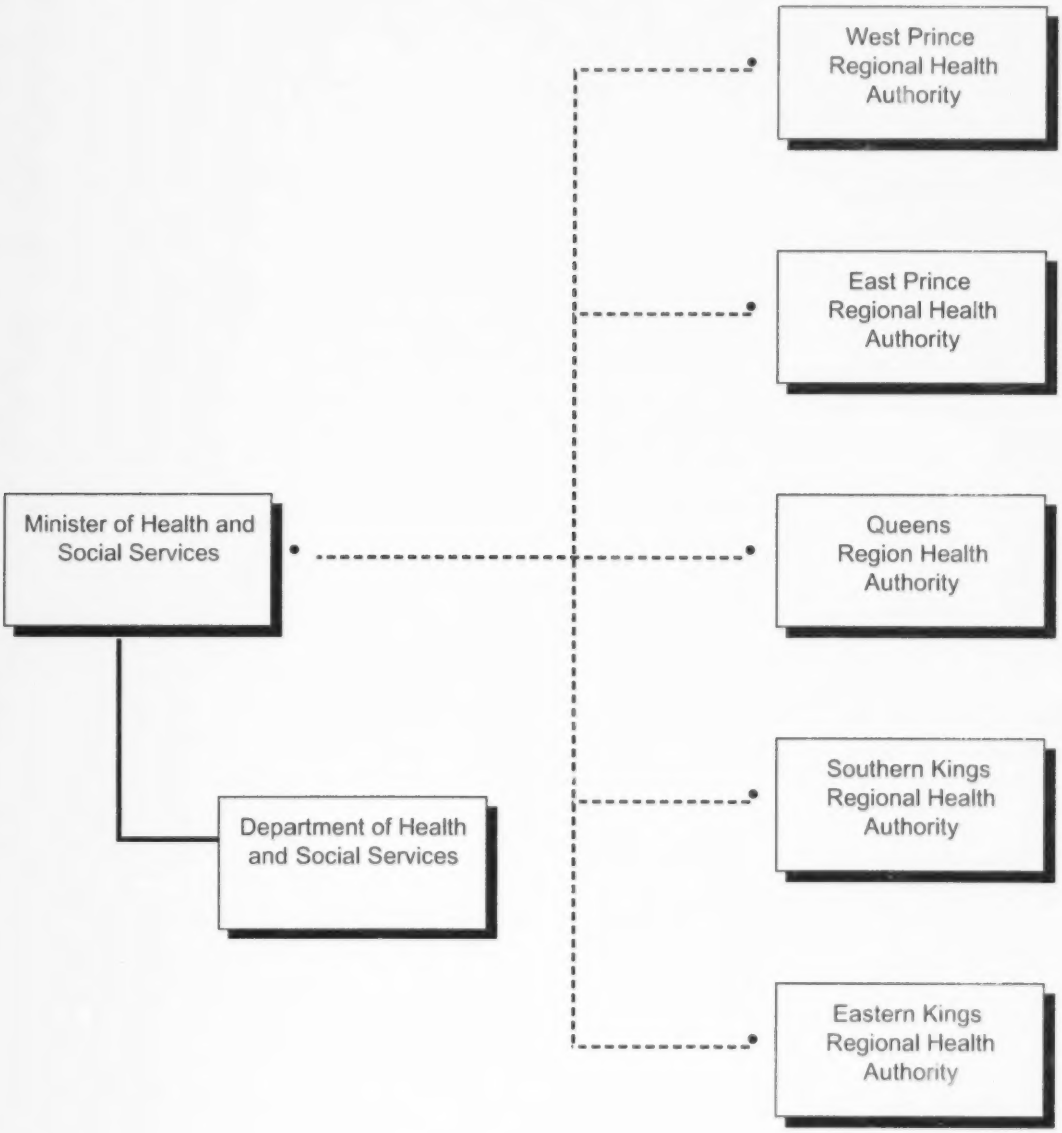
***Mandate***

The mandate of the Department of Health and Social Services and five Regional Health Authorities is to provide for and deliver health and social services to the people of Prince Edward Island as set out in the *Health and Community Services Act* established October 1993 and subsequently amended in April 1997.

# ORGANIZATIONAL STRUCTURE

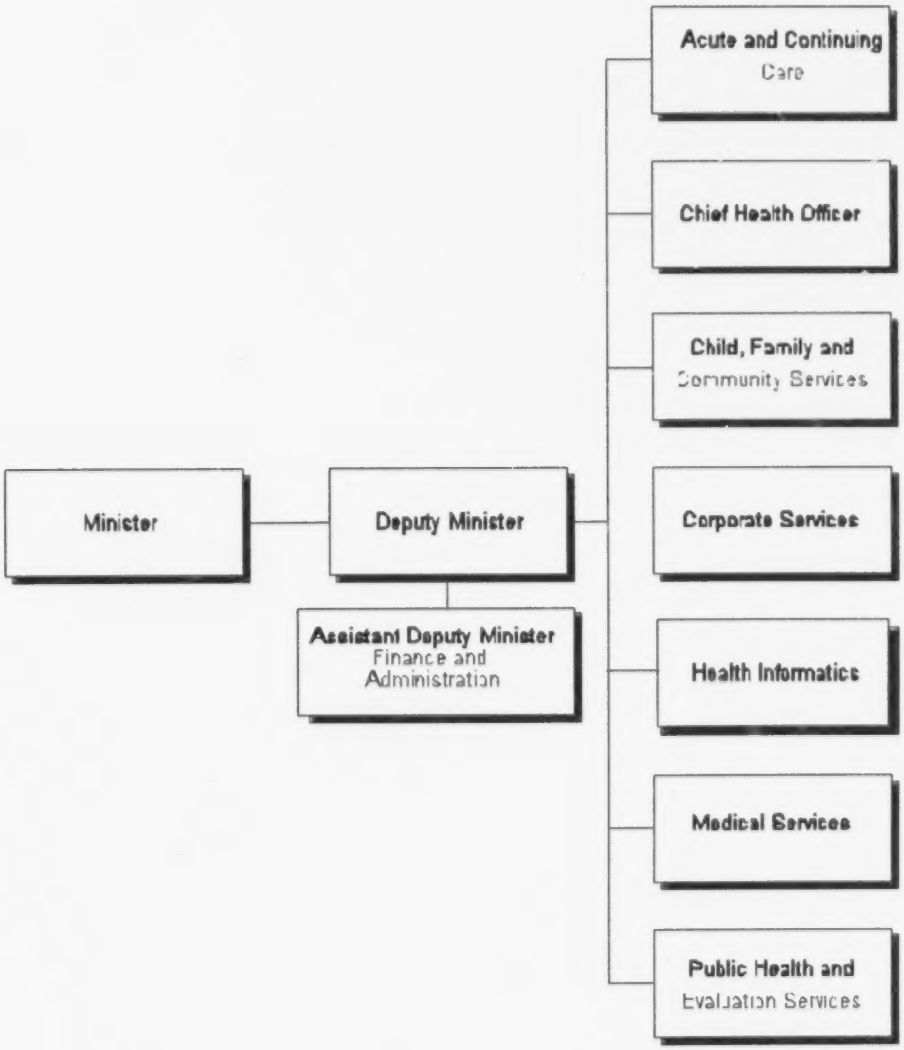
## PRINCE EDWARD ISLAND
## HEALTH AND SOCIAL SERVICES SYSTEM

AS AT MARCH 31, 2000


Minister of Health and Social Services
Department of Health and Social Services
West Prince Regional Health Authority
East Prince Regional Health Authority
Queens Region Health Authority
Southern Kings Regional Health Authority
Eastern Kings Regional Health Authority

# DEPARTMENT OF HEALTH AND SOCIAL SERVICES

AS AT MARCH 31, 2000



# REGIONAL BOARD MEMBERS - 1999/00

AS AT MARCH 31, 2000

**Eastern Kings Health**

Weston W. Rose, Chair
Thelma MacDonald, Vice Chair
Peter F. MacAdam
Louise MacDonald
Mary MacPhee
Freda McKie
Hilda Rossiter

Mark MacPherson
Chief Executive Officer

**Southern Kings Health**

Michael Gallant, Chair
David White, Vice Chair
Sherry Kacsmarik
Thomas Carver
Thelma MacLeod
Sandra Myers
June Glover

Betty Fraser
Chief Executive Officer

**Queens Health**

Sylvia Poirier, Chair
Leon Loucks, Vice Chair
Kristen Connor
Dr. James Murphy
Dr. Ken Grant
Dr. David McKenna
Allan Stewart
Patricia Gray
Judy Gillis

Gordon MacKay
Chief Executive Officer

**West Prince Health**

Cletus Dunn, Chair
Robbie Thibodeau
Richard Wightman
Charles Adams
Harry MacAusland
Ernest Hudson
Karen Buote

Ken Ezeard
Chief Executive Officer

**East Prince Health**

Katherine Kelly, Chair
Marilyn Sark
Stewart Affleck
Barry Murray
Henri Gallant
Maynard Schurman
Ron Maynard
Carol Peters
Gertrude Trainor

David Riley
Chief Executive Officer

# YEAR IN REVIEW

## STRATEGIC DIRECTIONS FOR 1999/2000

***Goal Areas***

Four goal areas were established a year ago by the health and social services system to plan and implement the actions required to meet immediate and longer term objectives. Specific strategies consistent with government principles were developed to address these goals and to guide activities in both the policy and program delivery areas. Together, the Department and the Regional Health Authorities are providing leadership to ensure this will result in improving the current system, rebalancing for a sustainable future, and enhancing the health status of Islanders.

- The first goal, *Front Line Services*, includes strategies to ensure that the focus of the system remains on front line services, client outcomes and service quality;
- The second goal, *Front Line Staff*, covers strategies to support the people who provide health and social services;
- The third goal, *Healthy Independent Islanders*, involves initiatives to assist Islanders to prevent illness and lead independent and productive lives; and
- The fourth goal, *Accountability*, addresses the need to remain accountable for obtaining acceptable results from health and social services programs within allocated resources, and to ensure appropriate community participation in the health system.

## GOAL #1 ACTIONS - FRONT LINE SERVICES:

**Improve front line services, client outcomes and service quality**

In 1999, government established a $10 million Health Stabilization Fund to be expended over the next three years directly in support of frontline services. This fiscal year, $3 million was utilized to fund 85 new full and part-time nursing positions, equalling 60 full-time equivalent positions. The recruitment campaign added new positions to the front line of health care where they are most needed. It also helped to stabilize health services by relieving pressure on front line staff while strengthening and renewing the workforce.

## YEAR IN REVIEW (Cont'd)

A $4.2 million physician recruitment strategy was developed to recruit new doctors and support existing physicians over the next four years. A collaborative effort of the Department, Medical Society of Prince Edward Island and medical students, the strategy includes such initiatives as: family practice training opportunities; specialist training opportunities; new medical school seats; medical trainee sponsorships; dedicated physician recruiter; enhanced recruitment resources; location grants; moving expense relocation allowance; locum support programs; continuing medical education programs; and Canada student loan assistance.

Government recognizes the integral role of hospitals in Island communities and all facilities have been maintained with no reduction in services. Funding for hospitals was increased and there was significant progress in planning for the new health facility to replace Prince County Hospital.

The PEI Cancer Treatment Centre, officially opened at the Queen Elizabeth Hospital in June 1999, provides Islanders with expanded cancer treatment services in their home province. The centre is able to offer an enhanced level of treatment services with the addition of new equipment, a full-time radiation oncologist, and a medical physicist. More precise radiation treatment is provided in addition to a more extensive range of palliative and curative treatments.

A Primary Care Redesign Committee was struck with the Queens Health Authority following the region's expression of interest to explore Community Health Centres in that region.

A new provincial 40-bed inpatient detoxification facility was opened in Mt. Herbert in March 2000. The new facility offers specialized inpatient programs and will offer expanded services in the area of family, youth, women specific, gambling and tobacco addictions.

Outpatient detox, youth and family addiction services were enhanced and decentralized in all health regions. Five new adolescent counsellors and three new family counsellors were hired to deliver youth and family programs.

## YEAR IN REVIEW (Cont'd)

PEI became the first province in Canada this year to implement a prenatal psychosocial assessment as part of standard prenatal care. The initiative, coordinated by the PEI Reproductive Care Program, aims to have all pregnant women on PEI assessed by their physician for psychosocial factors such as stress, lack of social support, parenting issues, family violence, alcohol and drug use.

The Looking After Children program was implemented following three years of involvement in a national pilot process and extensive training for field staff and foster care givers across the province. The program is designed for children in care to ensure the seven key development areas of a child's life are attended to which are: health, education, identity, family and social relationships, social presentation, emotional, and behavioural development.

**GOAL #2 ACTIONS - FRONT LINE STAFF:**

**Place priority on front line staff with a view to improving the overall effectiveness of the workforce**

The Physician Resource Planning Committee continues to make recommendations on the mix and distribution of physicians within the province. Approval was granted by the Minister of Health and Social Services for four additional positions in General Practice, one additional position in Anaesthesia and one additional position in Obstetrics. Recruitment is ongoing in Psychiatry, Family Practice, Radiology, Obstetrics, Otolaryngology, and Pathology.

Provisions are made for the support of a Continuing Medical Education Program for Island physicians through the Master Agreement between the Medical Society of Prince Edward Island and the Department.

Several training programs and educational opportunities for both departmental and regional staff were developed and offered. Over the past year there has been a trend toward greater flexibility in scheduling educational programs to increase participation by employees and volunteers.

Evaluation support was provided by the Department to more than 20 health service areas and projects, and five evaluation training sessions were facilitated for regional staff. These services have resulted in an increased capacity in the health regions to monitor program quality and client outcomes.

## YEAR IN REVIEW (Cont'd)

The Department and the Health Authorities conducted staff satisfaction surveys to obtain information about successes in supporting staff and suggestions for improving the work environment.

Worker readiness training was offered to 12 Child Welfare Workers who achieved designation status. Designation status provides workers the legal authority to act in the place of the Director of Child Welfare to carry out specific child welfare functions including: apprehension of children in immediate danger; carry out a planned apprehension; and attend court procedures as the Director's designated agent.

A Provincial Child Welfare Staff Training and Risk Management Conference attracted 115 participants from across the province.

**GOAL #3 ACTIONS - HEALTHY INDEPENDENT ISLANDERS:**

**Assist Islanders to gain knowledge and skills to prevent illness and lead healthy, independent lives**

Recognizing that smoking is the most common cause of cancer and one-third of all fatal cancers could be prevented if smoking was eliminated, several initiatives were implemented. Two new self-help cessation programs were introduced for pregnant women through Public Health Nursing. A poster campaign was also implemented to encourage students to stop and think on a daily basis about the harmful effects of tobacco use. The Department continued to be an active partner in the PEI Tobacco Reduction Alliance.

Approximately 5,500 Islanders are living with diabetes and each month another 45 Islanders are diagnosed with the disease. A Provincial Diabetes Coordinating Committee implemented several recommendations of a 1999 report for improving diabetes services. Regional Diabetes Coordinators were hired in each health region to better coordinate and integrate diabetes services. Patient education materials were developed and educational sessions delivered to staff and service providers.

An education campaign was launched to support new provincial HIV testing guidelines recommending that all pregnant women be offered voluntary HIV testing to reduce the risk of an HIV positive mother giving the virus to her child. They were developed by the Department, the PEI Reproductive Care Program, and the Medical Society of PEI.

## YEAR IN REVIEW (Cont'd)

With assistance from the Health Canada *Health Transition Fund*, the Department partnered with the Pediatric Clinic of the Queen Elizabeth Hospital in developing and coordinating services for pre-school children diagnosed with Autism. A multi sectoral Provincial Autism Committee was established to promote an integrated approach to program design and service delivery. Training opportunities and ongoing support for pre-school children and families highlighted the work of this project.

The Regional Health Authorities continued to emphasize health promotion and disease prevention through community wellness days, wellness minutes on local radio stations, smoking cessation programs, and programs to promote healthy lifestyles.

A Provincial Teen Parent Support Program was established to provide social support for teen parents in all high schools. The project increased awareness of the importance of supporting teen parents to make informed decisions that lead to healthy outcomes, as well as the barriers teens face to accomplish important tasks like finishing school. The project was supported financially by Health Canada and Human Resources Development Canada.

Several presentations on brain research, its implications for child development, parenting, and investments in young children were provided to staff and community groups.

**GOAL #4 ACTIONS - ACCOUNTABILITY:**

**Improve accountability and ensure appropriate community participation in the development of strategic health policy**

The Regional Health Authorities participate voluntarily in the accreditation program operated by the Canadian Council on Health Services Accreditation (CCHSA) which provides health organizations with an effective means to assess their performance against nationally applied standards. During 1999-2000 the Health Authorities and the Department addressed recommendations from the June 1998 accreditation surveys including strategic directions, board governance, and reorganization of pharmacy services. Planning also began for the next surveys which are scheduled for June 2001.

## YEAR IN REVIEW (Cont'd)

The health and social services system initiated a project to develop core program indicators within key program areas in response to recommendations of the 1998 regional accreditation process. By October 2000, the project will outline indicators for the selected pilot programs: Hospital Services, Mental Health Services, Home Care, Child Welfare, and Public Health Nursing. The core program indicators will include client outcomes, client satisfaction, staff satisfaction, cost-effectiveness, and service access. A protocol for developing program indicators in each pilot program area will be developed, as well as an implementation plan.

The Department assessed several programs for efficiency and effectiveness. The resulting information was used to guide decision making and resource allocation.

The Physician Claims Audit process which includes the audit, assessment, adjudication and resolution of claims disputes was enhanced within the past year. In addition to the identification of invalid claims, this process led to improved documentation, a stronger referral system, and a much improved physician billing system. An external consultant was secured in October 1999, to provide increased medical consultation for the Health Claims Auditor and support to the provincial Medical Director.

A comprehensive Foster Care policy manual was developed. It includes standards, principles, and guidelines to govern all aspects of the foster care system. The manual identifies boundaries, and makes provision for, the Level Program, the Respite Program, and the new Kinship Care Program.

Southern Kings Health established a committee to develop organizational quality monitoring and quality improvement. Quality improvement initiatives over the past year included an evaluation of the Job Creation Program, the development of a three to five year strategic plan, the recruitment of a house physician for Riverview Manor, and an evaluation of the School Social Worker Program at Montague Consolidated School.

## YEAR IN REVIEW (Cont'd)

The first "balanced scorecard" was developed by the Prince County Hospital to provide a graphical and narrative description of activities such as patient satisfaction, staff training, and finances, as well as other internal measures such as infection rates. The "balanced scorecard" will be further developed over the next year by East Prince Health to include the various services within the region.

Public consultations on healthy child development were held across the province during September and October 1999 as part of the development of the PEI Healthy Child Development Strategy and the National Children's Agenda.

# BILAN DE L'ANNÉE

## ORIENTATIONS STRATÉGIQUES POUR 1999-2000

***Objectifs***

Il y a un an, le système des services sociaux et de santé a établi quatre domaines d'objectifs clés afin de planifier et de mettre en oeuvre des mesures pour répondre aux buts immédiats et à long terme. Des stratégies précises conformes aux principes gouvernementaux ont été élaborées afin d'atteindre ces objectifs et de guider les activités tant dans le domaine des politiques que des programmes. Le Ministère et les administrations régionales des services de santé assurent un leadership conjoint pour veiller à ce que ces efforts améliorent le système actuel, le rééquilibrent et assurent un avenir viable tout en améliorant l'état de santé des résidants de l'Île.

- Le premier objectif vise *les services de première ligne* et comprend des stratégies pour s'assurer que la préoccupation centrale du système demeure les services de première ligne, les résultats des clients et la qualité des services.
- Le deuxième objectif est *le personnel de première ligne* et couvre les stratégies visant à assurer un soutien aux personnes qui offrent des services sociaux et de santé.
- Le troisième objectif, *des insulaires autonomes en santé*, englobe des initiatives pour aider les insulaires à prévenir les maladies et à mener une vie productive et autonome.
- Le quatrième objectif, *la responsabilité*, traite du besoin de demeurer responsable des programmes et dépenses de la santé et d'assurer une participation communautaire appropriée au système de santé.

## ACTIONS DE L'OBJECTIF N° 1 - SERVICES DE PREMIÈRE LIGNE :

**Améliorer les services de première ligne, les résultats des clients et la qualité des services.**

En 1999, le gouvernement a établi un fonds de stabilisation de 10 millions de dollars sur trois ans pour assurer un soutien aux services de première ligne. Durant le présent exercice financier, nous avons investi 3 millions de dollars dans la création de 85 nouveaux postes d'infirmière à temps partiel et à temps plein représentant l'équivalent de 60 postes à temps plein. La campagne de recrutement a permis d'ajouter de nouvelles ressources de première ligne en soins de santé dans les domaines où nous en avons le plus besoin. Ces mesures ont également permis de stabiliser les services de santé en réduisant la pression sur le personnel de première ligne et en renforçant et en renouvelant la main-d'oeuvre.

# BILAN DE L'ANNÉE (Suite)

Une nouvelle stratégie de recrutement de médecins de 4,2 millions de dollars a été élaborée afin de recruter de nouveaux médecins et d'assurer un soutien au personnel médical en place au cours des quatre prochaines années. La stratégie, un effort conjoint du Ministère, de la Medical Society of Prince Edward Island et des étudiants de médecine, comprend les initiatives suivantes : possibilités de formation en médecine de famille; possibilités de formation spécialisée; augmentation du nombre de places au sein de l'école de médecine; parrainage de stagiaires médicaux; création d'un poste d'agent de recrutement réservé aux médecins; ressources de recrutement améliorées; subventions de localisation; indemnité de frais de voyage et de déménagement; programmes de soutien et de remplacement; programmes d'éducation médicale continue et prêts canadiens d'études.

Le gouvernement reconnaît le rôle déterminant des hôpitaux au sein des communautés de l'Île et toutes les installations ont été maintenues sans réduction des services. Nous avons augmenté les fonds destinés aux hôpitaux, et des progrès importants ont été réalisés quant à la planification du nouvel établissement de santé pour remplacer l'hôpital du comté de Prince.

Le centre de traitement du cancer de l'Î.-P.-É., qui a ouvert ses portes officiellement à l'hôpital Queen Elizabeth en juin 1999, offre aux résidants de l'Île des services élargis de traitement du cancer dans leur province. Le centre est capable d'offrir des services de traitement de niveau supérieur grâce à l'ajout de nouveaux appareils, d'un radio-oncologue à plein temps et d'un physicien médical. Le centre offre désormais des traitements de radiation plus précis ainsi qu'une gamme plus étendue de traitements palliatifs et curatifs.

Un comité de réorganisation des soins de santé primaires a été formé avec l'Administration des services de santé de Queens après que cette région eut manifesté son intérêt d'explorer la possibilité des centres de santé communautaires.

Un nouveau centre provincial de désintoxication de 40 lits pour clients internes a ouvert ses portes à Mt. Herbert, en mars 2000. Le nouveau centre offre des programmes spécialisés aux clients internes ainsi que des services élargis aux familles, aux jeunes et aux femmes aux prises avec des problèmes de toxicomanie, d'abus du tabac et de dépendance aux jeux d'argent.

## BILAN DE L'ANNÉE (Suite)

Les services de désintoxication en consultations externes et les services de toxicomanie aux jeunes et aux familles ont été améliorés et décentralisés dans toutes les régions de santé. Cinq nouveaux conseillers pour adolescents et trois nouveaux conseillers familiaux ont été embauchés afin d'offrir les programmes aux familles et aux jeunes.

Cette année, l'Î.-P.-É. est devenue la première province canadienne à mettre en oeuvre une évaluation psychosociale prénatale dans le cadre des soins prénataux standards. Coordonnée par le Programme des soins prénataux de l'Î.-P.-É. (PEI Reproductive Care Program), cette initiative vise à faire en sorte que toutes les femmes enceintes de l'Île subissent un examen psychosocial, y compris des facteurs comme le stress, le manque de soutien social, les questions parentales, la violence familiale et la consommation abusive d'alcool et d'autres drogues.

Le programme de soins des enfants (Looking After Children program) a été mis sur pied suite à la participation à un projet pilote, à l'échelle nationale, et à une formation poussée du personnel sur le terrain et des familles d'accueil d'un bout à l'autre de la province. Le programme s'adresse aux enfants qui ont été pris en charge et vise à s'assurer qu'on veille aux sept domaines de développement dans la vie d'un enfant, soit la santé, l'éducation, l'identité, les relations familiales et sociales, la présentation sociale et le développement affectif et comportemental.

**ACTIONS DE L'OBJECTIF N° 2 - PERSONNEL DE PREMIÈRE LIGNE :**

**Accorder la priorité au personnel de première ligne dans le but d'améliorer l'efficacité globale de la main-d'oeuvre.**

Le comité de planification des ressources médicales continue à faire des recommandations sur la composition et la distribution du personnel médical dans la province. Le ministre de la Santé et des Services sociaux a approuvé quatre nouveaux postes en médecine générale, un en anesthésie et un en obstétrique. Le recrutement se poursuit en psychiatrie, en médecine familiale, en radiologie, en obstétrique, en oto-rhino-laryngologie et en pathologie.

Des modalités ont été prévues pour le soutien d'un programme d'éducation médicale continue pour les médecins de l'Île dans l'entente cadre entre la Medical Society of Prince Edward Island et le Ministère.

## BILAN DE L'ANNÉE (Suite)

Plusieurs programmes de formation et occasions d'éducation ont été offerts au personnel régional et ministériel. Au cours de la dernière année, nous avons observé une tendance vers une plus grande flexibilité de l'horaire des programmes d'éducation afin de favoriser la participation des employés et des bénévoles.

Le Ministère a offert un soutien en évaluation à plus de 20 projets et services de santé. Le personnel régional a animé cinq séances de formation en évaluation. Ces services ont permis d'améliorer la capacité des régions de santé de surveiller la qualité des programmes et les résultats des clients.

Le Ministère et les administrations des services de santé ont mené des enquêtes sur la satisfaction du personnel afin de recueillir de l'information sur les meilleurs moyens de soutenir le personnel et des suggestions pour améliorer l'environnement de travail.

Une formation à l'aptitude au travail a été offerte à 12 travailleurs de la protection de l'enfance qui ont reçu leur désignation. La désignation donne à ces travailleurs l'autorité légale d'agir à la place du directeur de la protection de l'enfance et d'assumer certaines fonctions propres au bien-être de l'enfance incluant l'appréhension d'un enfant en situation de danger immédiat; l'appréhension planifiée et la participation à toute action en justice à titre d'agent désigné du directeur.

Une conférence provinciale sur la gestion des risques et la formation du personnel de la protection de l'enfance a attiré 115 participants d'un bout à l'autre de l'Île.

## BILAN DE L'ANNÉE (Suite)

### ACTIONS DE L'OBJECTIF N° 3 - DES INSULAIRES AUTONOMES ET EN SANTÉ :

**Aider les résidants de l'Île à acquérir de l'information et des habiletés afin de prévenir les maladies et de mener une vie autonome et saine.**

Reconnaissant que l'usage du tabac est la principale cause de cancer et qu'un tiers de tous les cancers mortels pourraient être prévenus si les gens renonçaient au tabac, le Ministère a mis en oeuvre plusieurs initiatives dans ce domaine. Les services infirmiers de santé publique ont mis sur pied deux nouveaux programmes individuels de désaccoutumance au tabac à l'intention des femmes enceintes. Une campagne d'affiches a également été mise en oeuvre afin d'encourager les élèves à prendre un moment, chaque jour, pour réfléchir aux effets nuisibles du tabac. Le Ministère continue d'être un partenaire actif de l'Alliance pour la lutte contre le tabagisme de l'Î.-P.-É. (PEI Tobacco Reduction Alliance).

Quelque 5 500 insulaires vivent avec le diabète et chaque mois, 45 nouveaux résidants de l'Île reçoivent un diagnostic de diabète. Un comité de coordination provincial sur le diabète a donné suite à plusieurs recommandations d'un rapport publié en 1999 afin d'améliorer les services aux diabétiques. Des coordonnateurs régionaux sur le diabète ont été embauchés dans chaque région de santé afin de mieux coordonner et intégrer les services en matière de diabète. Du matériel d'information sur le diabète à l'intention des clients a été préparé et des séances de formation ont été offertes au personnel et aux fournisseurs de services.

Une campagne d'éducation a été lancée à l'appui de nouvelles lignes directrices provinciales sur le dépistage du VIH qui recommandent que l'on offre un test de dépistage volontaire du VIH à toutes les femmes enceintes afin de réduire le risque de transmission du virus par les mères VIH positif à leurs enfants. Ces lignes directrices ont été élaborées par le Ministère, le Programme des soins prénataux de l'Î.-P.-É. (PEI Reproductive Care Program) et la Medical Society of PEI.

## BILAN DE L'ANNÉE (Suite)

Avec l'aide du Fonds pour l'adaptation des services de santé de Santé Canada, le Ministère s'est associé à la clinique pédiatrique de l'hôpital Queen Elizabeth afin de mettre sur pied et de coordonner des services pour les enfants d'âge préscolaire ayant reçu un diagnostic d'autisme. Un comité multisectoriel provincial sur l'autisme a été créé afin de promouvoir une approche intégrée pour la conception des programmes et la prestation des services. Les occasions de formation et le soutien permanent aux enfants d'âge préscolaire et aux familles étaient les principaux éléments de ce projet.

Les administrations régionales des services de santé ont continué à mettre l'accent sur la promotion de la santé et la prévention des maladies en organisant des journées de mieux-être communautaires, en diffusant des messages de mieux-être par l'entremise des stations de radio locales et en offrant des programmes d'abandon du tabac et de promotion des habitudes saines de la vie quotidienne.

Un programme provincial de soutien aux adolescents parents a été mis sur pied afin d'offrir un soutien social aux adolescents parents dans toutes les écoles secondaires. L'initiative a permis de sensibiliser les gens à l'importance d'aider les adolescents parents à prendre des décisions éclairées qui mènent à des résultats favorables à la santé. Elle a permis aussi de sensibiliser la population aux obstacles que doivent surmonter les adolescents pour accomplir des tâches importantes comme terminer leurs études. Le projet a bénéficié du soutien financier de Santé Canada et de Développement des ressources humaines Canada.

Plusieurs présentations dans le domaine des recherches sur le cerveau ont été offertes au personnel et aux groupes communautaires, y compris sur les répercussions sur le développement de l'enfant, le rôle parental et l'investissement dans les jeunes enfants.

## BILAN DE L'ANNÉE (Suite)

### ACTIONS DE L'OBJECTIF N° 4 - RESPONSABILITÉ :

**Améliorer la responsabilité et l'obligation de rendre des comptes et assurer une participation communautaire adéquate à l'élaboration d'une politique stratégique en matière de santé.**

Les administrations régionales des services de santé participent volontairement au programme d'agrément du Conseil canadien d'agrément des services de santé qui fournit aux services de santé un moyen efficace d'évaluer leur rendement par rapport aux normes appliquées à l'échelle du pays. En 1999-2000, les administrations des services de santé et le Ministère ont donné suite aux recommandations des visites d'agrément de juin 1998, y compris sur les orientations stratégiques, la régie des conseils d'administration et la réorganisation des services de pharmacie. Nous avons débuté la planification des prochaines visites d'agrément prévues pour juin 2001.

Un projet a été entrepris au sein du système de services sociaux et de santé afin de déterminer des indicateurs clés de programme à l'intérieur des principaux domaines de programme à la suite de recommandations formulées dans le cadre du processus régional d'agrément de 1998. Une liste d'indicateurs devrait être prête, d'ici octobre 2000, pour les programmes pilotes choisis : services hospitaliers, services de santé mentale, soins à domicile, protection de l'enfance et services infirmiers de santé publique. Les indicateurs clés de programme comprendront des facteurs tels que les résultats des clients, la satisfaction des clients, la satisfaction du personnel, l'efficacité par rapport au coût et l'accès au service. Un protocole sera élaboré pour la détermination d'indicateurs de programme dans chaque programme pilote ainsi qu'un plan de mise en oeuvre.

Le Ministère a évalué l'efficacité et l'efficience de plusieurs programmes. L'information recueillie a été utilisée pour guider la prise de décisions et la répartition des ressources.

Le processus de vérification des demandes de règlement des médecins, y compris la vérification, l'évaluation, le règlement et la résolution des litiges a été amélioré au cours de la dernière année. En plus d'identifier les demandes non valides, ce processus a permis d'améliorer la documentation, de renforcer le système d'acheminement et d'améliorer considérablement le système de facturation des médecins. Un consultant externe a été embauché, en octobre 1999, afin de fournir une meilleure consultation médicale au vérificateur des demandes de remboursement des frais médicaux et un soutien au directeur médical provincial.

## BILAN DE L'ANNÉE (Suite)

Un manuel de politiques complet sur les placements en famille d'accueil a été élaboré. Il comprend les normes, les principes et les lignes directrices régissant tous les aspects du système de placement en famille d'accueil. Le manuel établit des limites et prévoit des modalités pour le programme de niveau (Level Program), le programme de relève (Respite Program) et le nouveau programme de soins par la parenté (Kinship Care Program).

L'Administration régionale des services de santé de Kings-Sud a créé un comité pour assurer une surveillance de la qualité organisationnelle et l'amélioration de la qualité. Parmi les initiatives d'amélioration de la qualité mises en oeuvre au cours de la dernière année, mentionnons une évaluation du programme de création d'emplois, l'élaboration d'un plan stratégique de cinq ans, le recrutement d'un médecin d'établissement pour le Riverview Manor et une évaluation du programme scolaire de travailleur social à l'école Montague Consolidated.

L'hôpital du comté de Prince a mis au point la première « fiche de pointage équilibrée » afin de fournir une description graphique et narrative d'activités comme la satisfaction des patients, la formation du personnel et les finances de même que d'autres mesures internes telles que le taux d'infection. Au cours de la prochaine année, l'Administration régionale des services de santé de Prince-Est perfectionnera davantage le concept de la fiche de pointage équilibrée afin d'inclure différents services à l'intérieur de la région.

En septembre et octobre 1999, des consultations publiques sur le développement sain de l'enfant ont été organisées d'un bout à l'autre de l'Île dans le cadre de la stratégie de l'Î.-P.-É. sur le développement sain de l'enfant et le Plan d'action national pour les enfants.

# DIVISIONAL REPORTS

## ACUTE and CONTINUING CARE

***Role***

The mandate of the Acute and Continuing Care Division is to provide support to acute, continuing and home care programs and services. This function includes the development of policy and operational guidelines to support the Regional Health Authorities in program and service delivery.

The Division is comprised of two sections.

***Overview***

### ACUTE CARE

The Acute Care Section's responsibilities include: planning and policy development in the areas of Pharmacy, Nursing, Hospital, Blood, and Ambulance Services; as well as Out of Province Referrals; and the Dialysis Treatment Program.

### CONTINUING CARE

The Continuing Care Section provides planning and policy development related to programs and services in the areas of Home Care and Support, Long Term Care, Adult Protection, Senior Services, Private Nursing Homes and Community Care Facilities and Dietetic Services.

***Report Highlights***

**West Prince Telehospice Project**

Launched with financial support from the Health Infostructure Support Program this pilot project is using tele-health technology to provide support to rural families caring for a dying loved one at home. It will enable the dying person and their family to access live visual and audio contact with health professionals up to 24 hours per day. The initiative will test a number of key outcomes including: the degree to which home based technology can enhance and support palliative care for patients and families in rural communities; and determination of specific needs which can be well served by the use of this technology.

## ACUTE and CONTINUING CARE (Cont'd)

**East Prince Physiotherapy Services**

Physiotherapy services to Home Care clients and Long Term Care residents in East Prince were enhanced through the addition of a full-time physiotherapist providing service to Stewart Memorial Hospital, Home Care, Summerset and Wedgewood Manors. In addition, new stress testing equipment was purchased in the ECG Department of the hospital, in keeping with advances in technology and patient care.

**Prince County Hospital Restructuring**

A number of restructuring initiatives at Prince County Hospital have resulted in improved services to patients and families:

Four beds were designated for palliative care in the medical unit with a 4 patient : 1 registered nurse ratio. This restructuring more effectively meets the needs of palliative care patients and their families, provides more specific symptom management, and assists the patients to return to their home environment when feasible. East Prince Health is also participating in a Palliative Care Pilot Project which has enabled an interdisciplinary team of health care professionals to gain more education and training specific to the health care needs of palliative care patients and their families.

Five small departments in Therapeutics and Diagnostics (Physiotherapy, Occupational Therapy, Respiratory Therapy, ECG/Stress Lab and Pastoral Care) were amalgamated into one Allied Health Department. The benefits of these initiatives include greater availability of front line staff for direct patient care and improved efficiency of appointment booking. Waiting times for an initial out-patient visit to physiotherapy have been reduced from 6-8 weeks to 2-3 weeks with urgent referrals being seen within days.

**Out of Province Liaison Program**

Since 1989 the Department has operated the Out-of-Province Liaison Program in Halifax, N.S. which provides support to PEI patients staying in out of province hospitals, and assists them to return to their home hospitals as soon as it is medically feasible.

During the year, 203 patients were transferred back to a PEI hospital, similar to the previous year. These transfers resulted in savings of approximately $2.5 million for the system.

**Organ Retrieval**

Training and continuing education for organ retrievals continues to be a high priority for Island physicians. Three East Prince physicians were certified by the New Brunswick Eye Bank for Corneal Retrieval.

## ACUTE and CONTINUING CARE (Cont'd)

**PEI Dialysis Program**

The PEI Dialysis Program is a community based service that operates under the medical direction and supervision of the nephrology team at the QEII Health Sciences Centre in Halifax, N.S.

Two types of dialysis service, peritoneal and haemodialysis, were provided to 41 people in their home communities, with the assistance and support of registered home care nurses.

This past year, the program added two new staff members, as well as a haemodialysis unit in Western Hospital, Alberton to provide service to individuals in that community.

**Canadian Blood Services**

The Department continues to work in partnership with the Canadian Blood Services (CBS), a national, non-profit, charitable organization which manages the blood supply for Canadians. CBS has undergone a rapid transition over the past two years, and has made significant progress in building the foundation necessary to provide a safe, secure, cost-effective, affordable, and accessible supply of quality blood, blood products, and their alternatives. CBS has developed a 2001-2004 corporate plan to identify and guide strategic directions, initiatives, and priorities of the organization over the next three-year period.

**PEI Ground Ambulance**

An Act to amend the Public Health Act received Royal Assent. This Act provides for enhancements in administration and delivery of emergency medical services in the province. Regulations to accompany the Act to Amend are now being developed.

As a follow up to last year's PEI Ground Ambulance Study, improved wages, benefits and working conditions were negotiated between ambulance operators and their Emergency Medical Technician employees.

**Seniors Advisory Council**

The PEI Seniors' Advisory Council was created in June 1998 to advise government, through the Minister Responsible for Seniors, on current and future issues that concern the seniors of the province, and to strengthen the voice of seniors in government. During the year, the Council held community consultations across the province to more fully understand the issues facing seniors.

## ACUTE and CONTINUING CARE (Cont'd)

**Provincial Geriatrician Service**

A geriatrician has been practicing on PEI since 1998 with a steadily increasing number of referrals from across the province. Providing specialized geriatric assessment to seniors with complex diagnostic, care and support needs, the service takes a team approach to working with the client, family, physician, home care, rehabilitative services and others. Education and information to caregivers, staff and community groups is also an integral component of the service. Educational topics addressed in the past year included Alzheimer disease, depression in the elderly, psychotropic medications use, Parkinsons disease, behaviour management, and restorative care.

**Integrated Services to Seniors and Veterans**

A partnership of the Department, Queens Region Health, the City of Charlottetown and Veterans Affairs Canada, the Integrated Services to Seniors and Veterans project has the objective of offering services to seniors and veterans residing in Queens County in a responsive, convenient and cost-effective manner. This Service Canada funded project is exploring the potential benefits of common access points, client screening and assessment approaches, service delivery collaborations, and further advancement of the co-location concepts.

**Shifting Sands: The Changing Shape of Atlantic Canada**

The Department worked in partnership with representatives of the Atlantic provinces, Health Canada, and seniors, to develop a document entitled "Shifting Sands: The Changing Shape of Atlantic Canada" which outlines demographic and economic trends for the upcoming ten years as they pertain to seniors in the Atlantic region.

**Palliative Care Advisory Committee**

A provincial Palliative Care Advisory Committee was established to develop priorities in palliative care and facilitate information sharing with respect to provincial, regional and pilot initiatives.

**PEI/NS Rural Palliative Care**

Funded through the Health Transition Fund, this project was initiated in the East Prince and Southern Kings Health Regions and the Northern Health Region of N.S. The intent of the project is to evaluate an integrated palliative care program model which provides comprehensive and coordinated care for rural patients and their families.

Patients and families are providing feedback on program strengths and areas for improvement, as well as detailed information about quality of life issues, client and caregiver satisfaction, and caregiver needs. Staff, clergy and volunteers participated in education programs, and a family/ patient resource manual was developed.

## ACUTE and CONTINUING CARE (Cont'd)

**Increased Funding to Private Sector Facilities**

Progress was made toward increased equity in funding nursing care services through establishment of consistent per diem rates for subsidized residents in private nursing homes. A new rate structure for subsidized residents in community care facilities was also implemented.

## CHIEF HEALTH OFFICER

***Role***

The mandate of the Chief Health Officer is to administer and enforce the *Public Health Act* and Regulations; supervise and direct immunization programs, communicable and other disease control measures; and coordinate chronic disease surveillance and related research projects.

***Overview***

The Chief Health Officer (CHO) monitors the 50 reportable communicable diseases in the province and provides control measures as required. In addition, non-communicable diseases are also addressed by the CHO as they affect the health of the public. Other key responsibilities include: coordinating immunization programs; providing guidelines to Public Health Nurses who administer vaccines; and leading specific research and development projects such as the PEI Nutrition Study, Diabetes Registry, and Blood Transfusion Surveillance program.

***Report Highlights***

**Pneumococcal Vaccine**

Pneumococcal vaccine is now available to all residents of PEI when they reach age 65 and to those who are 2 - 65 years of age and at high risk of pneumococcal infection.

**Chickenpox Vaccine**

PEI is the first province to introduce a universal chickenpox program. A catch-up program was carried out in February and March, 2000 at which time chickenpox vaccine was supplied to 2,213 Island children in grade 1 to 6 who had not had chickenpox. The universal program for those 12 months of age was approved and will begin April 1, 2000. A catch up program for children 12 months to grade 1 will take place in the spring and summer of 2000.

**Blood Transfusion Surveillance Pilot Project**

PEI will be one of four provinces participating in a Blood Transfusion Surveillance Pilot Project. Work on this project will include defining data elements for a blood and blood product recipient database including adverse reaction information. PEI will join Nova Scotia, Quebec and British Columbia in this federally funded pilot.

## CHIEF HEALTH OFFICER (Cont'd)

**West Nile Virus Surveillance Program**

With the outbreak of West Nile Virus in New York this past year, the three Maritime Provinces are collaborating in several surveillance projects to monitor the potential arrival of this virus to this area. The Department is collaborating in a chicken serology and mosquito monitoring project to be conducted at the NS/NB border. In addition, the Department is funding a mosquito monitoring project being conducted by Dr. Giberson in the Biology Department at UPEI. This study will collect and identify the species of mosquitoes collected at random sites throughout the province and will also collect larvae at randomly selected monitoring stations across the province.

## CHILD, FAMILY and COMMUNITY SERVICES

***Role***

The Child, Family and Community Services Division provides advice, assistance and coordination to a wide range of programs and services in the child services, community services and income security areas. Providing policy advice and operational guidelines to the health regions as well as specific program administration and development are among the Division's primary responsibilities.

The Division is organized into three sections.

***Overview***

### CHILD WELFARE SERVICES

The Child Welfare Services Section is responsible for provincial policy development for child welfare services, consultative support to regions, monitoring, analysis, research, policy, and standards activities in the areas of child welfare, adoptions, post-adoptions, child protection, foster care, and youth services. This section is also responsible for enforcement of the *Family and Child Services Act* and the *Adoptions Act*.

### COMMUNITY SERVICES

The Community Services Section is responsible for provincial policy development and coordination of policies and programs for: children and youth (prenatal - 18 years); mental health; addictions; grants to community-based agencies; housing; and family violence, through the Premier's Action Council on Family Violence Prevention. This section provides support to Regional Health Authorities and communities in the development and monitoring of programs, provides a provincial voice for speech and audiology services, and is responsible for the *Child Care Facilities Act*, *Mental Health Act*, and *Housing Corporation Act*.

### INCOME SECURITY

The Income Security Section is responsible for policy development and support to regions, as well as analysis, research, policy, and standards development activities in the areas of financial assistance, job creation, employment enhancement, disability supports and services, and family support orders. This section is responsible for monitoring the enforcement of the *Welfare Assistance Act*.

## CHILD, FAMILY, and COMMUNITY SERVICES (Cont'd)

***Report Highlights***

**Healthy Child Development Strategy**

The Division was active in the development of a draft provincial Healthy Child Development Strategy. Implementation of this five-year strategy is expected to begin in Fall 2000. It will support children from the prenatal period through to early school years. With a focus on prevention, early intervention, and community involvement, it will include an evaluation component to measure child outcomes.

**Early Years Research**

Support was provided to the Early Childhood Development Association in the ongoing management of the Understanding the Early Years Research. With funding from Human Resources Development Canada and support from Statistics Canada, this research examines how children learn and develop physically, emotionally, socially and cognitively, and maps the support systems available in our communities for children. A Community Advisory Committee will assist in the development of a community action plan that will build on the research findings.

**Child Protection - Emergency Duty**

A requirement of the *Child and Family Services Act* is mandatory reporting of child abuse and neglect. Through the joint efforts of regional and departmental staff, a proposal was developed to create a program with established guidelines, procedures, and staff to respond to all after hour emergency reports regarding child protection. It is recommended that a pilot project commence in Fall 2000.

**National Children's Agenda**

The Department participated in the May 1999 release of the Vision, Values, and Goals of the National Children's Agenda (NCA). The goal of this initiative is to create a Canada where all children are physically and emotionally healthy, safe and secure, successful at learning, and socially engaged and responsible. The Child, Family, and Community Services Division has lead responsibility for the ongoing development of the NCA. Staff coordinated the Minister of Health and Social Services' Provincial Roundtable on the Agenda in September.

**Kindergarten**

In response to the March 2000 announcement by government of publicly funded kindergarten, discussions were initiated with the Department of Education for the development and management of this initiative. This work will be ongoing during the next year.

## CHILD, FAMILY, and COMMUNITY SERVICES (Cont'd)

**Integrated Mental Health Response for Seniors**

With financial support from the Health Transition Fund, a project was initiated to facilitate the integration of mental health and home care services required by seniors. Screening and diagnostic protocols have been developed to earlier identify, diagnose and support seniors and caregivers in treating depression, memory loss, confusion and dementia. Implementation occurred in several regions and will continue province-wide throughout the coming year.

Project staff work with the Director of Psychogeriatrics to deliver an education program for hospital and community-based nurses specifically focused on mental health in the elderly. Planning is well underway for a provincial psychogeriatric program.

**Mental Health Services**

The provincial facility, Hillsborough Hospital, completed an intensive strategic planning process and the recommendations for program direction are moving toward implementation.

East Prince completed a Mental Health Redesign Project and is well along in preparing for an integrated community and hospital mental health system.

West Prince, with support from the Health Stabilization Program, developed an Outpatient Mental Health Program that has been well received by the community.

Southern Kings initiated planning to improve follow-up to clients with enduring mental health disorders. Further inter-regional work between Southern Kings and Eastern Kings is being planned.

Other expanded mental health programs included an expansion of school based early intervention programs, an enhanced eating disorders response, and further clarification of a forensic program response.

**Children's Mental Health**

In response to recommendations from a Children's Mental Health Forum, the Department endorsed the establishment of a multi-sectoral, provincial PEI Children's Mental Health Coalition, and invested $250,000 for Phase One of a Children's Mental Health Initiative. These funds will be used to hire regional mental health clinicians to initiate a comprehensive approach to address children's mental health issues.

## CHILD, FAMILY, and COMMUNITY SERVICES (Cont'd)

**Family Violence**

Divisional staff participated in the coordination of specialized training sessions on family violence for family physicians, public health nursing, and other service providers.

Numerous professional development and educational awareness training sessions were conducted throughout the province on various issues related to family violence and child sexual abuse.

Work is currently underway to develop protocols to enhance and coordinate services for abused women and children within the hospital, income assistance, and justice systems.

**Benefits and Services for Persons with Disabilities**

Major work was done in the program area of benefits and services for persons with disabilities. A comprehensive review of the disability related supports and service was undertaken, and a coordinator position was initiated.

One of the major components of this service is the Employability Assistance for Persons with Disabilities Program. This year saw a significant strengthening of this program, including a complete rewrite of policy and procedures, an increase in the training budget and an enhancement in regional staff resources to deliver the program.

**Addiction Services**

One of the major accomplishments of the year in Addiction Services was the design, construction and opening of the new $3.2M provincial addictions facility in Mt. Herbert.

Site renovations were made at 35 Douse's Road in Montague to enable Southern Kings Health to deliver a range of out-patient addiction programs. Space was also allocated at Western Hospital, Alberton to enable West Prince Health to offer a similar service. The official opening of the sites is targeted for September 2000.

The first formalized out-patient detox service on PEI was initiated in the Queens Region in July 1999, and has been meeting with success.

Women-specific treatment programs, gambling education, and gambling treatment programs are under development with implementation projected to occur later this year.

Provincial standards of care for detoxification programs were developed.

## CHILD, FAMILY, and COMMUNITY SERVICES (Cont'd)

**Adoption Services**

Thirty-six domestic adoptions and one international adoption were completed during the year. Adoptions facilitated by the Department included six infants and three children with special needs. Private adoptions included sixteen step-parent adoptions, four relative and eight non-relative infant adoptions.

Post-Adoption Services continued to respond to the needs of adult adoptees, birth parents, and birth family members. Seventy-five new applications for service were received during the year, an increase of eighteen over the previous year.

**National Child Benefit**

Through the National Child Benefit (NCB), Prince Edward Island has invested funds in programs and services for low-income families. In 1999-2000, these investments totalled more than $1.4 million and included:

(1) Child care subsidies through the PEI Child Care Benefit. More than 1,100 children benefited through this funding.

(2) The PEI Family Health Benefit program which provides assistance for the cost of prescription medications for families with children under age 18 and net household incomes under $20,000.

(3) Employment Enhancement and Job Creation for parents receiving social assistance to gain work experience and/or training.

(4) Special needs grants to child care centres which ensured the special needs of approximately 35 children could be met.

(5) The Literacy/Adult Basic Education program delivered by the PEI Institute of Adult and Community Education.

(6) The Looking After Children program to improve outcomes for children in care.

**Child Care Directory**

The "Directory of Licensed Child Care Programs" was revised and updated. This booklet, along with the "Parent's Guide to Early Childhood Programs" are distributed to parents across the Island.

## CORPORATE SERVICES

*Role*

The Corporate Services Division supports and assists the Department by providing leadership and support in the areas of strategic planning, intergovernmental and external relations, research, human resource management, and legislation. The Division is also responsible for providing Ministerial support, and acting as liaison to the Regional Health Authorities for corporate activities.

The Division has three sections.

*Overview*

### PARTNERSHIPS AND STRATEGIC PLANNING

Responsibilities of the Partnerships and Strategic Planning Section include: strategic planning; broad-based policy development; support to the Minister and Deputy Minister; and secretariat support to the health system's joint senior management group which comprises the Deputy Minister, Regional CEOs and Department Directors.

### FEDERAL /PROVINCIAL RELATIONS and LEGISLATION

The Federal/Provincial Relations component of this Section provides a liaison with the Federal Government and other Provinces and Territories on a variety of health related issues and in this capacity also functions as a support to the Conferences of Ministers and Deputy Ministers. Legislative responsibilities of the Section include: drafting and maintaining health and social policy related legislation; amending or preparing new regulations; interpreting laws; and analyzing program, policy and regulatory issues related to law.

### HUMAN RESOURCES

The Human Resources Section provides support and advice to the management of human resources for the department and regions through responsibilities and coordination of activities including: human resource planning; organizational development; staffing; classification; labour relations; personnel services; staff training and development; and occupational health and safety.

## CORPORATE SERVICES (Cont'd)

***Report Highlights***

**Regional Board Elections**

In November 1999 the five Regional Health Authorities began moving from government appointed Boards to combined elected and appointed Boards. When the transition process is completed in December 2001, the majority of the members on each Board will be elected, representing electoral zones. This move to combined appointed and elected board members provides for increased accountability and broader community ownership in the Boards. The appointment of some members helps to ensure an appropriate mix of skills, and ensures diverse community representation on Boards. Working in partnership with Elections PEI and the Legislative Council Office, the Division developed the transition process, election guidelines and required Regulations.

**Regional Board Conference**

The Department hosted a two-day conference for Regional Health Authority board members covering board roles and responsibilities, board process, board policy development, and connecting with the community. As the reaction to the workshop was very positive, the Department intends for this to become an annual event.

**Legislation**

In the Autumn 1999 sitting of the Legislative Assembly, the following statutes were amended and proclaimed: part of the *Act to Amend the Health Services Payment Act,* and part of the *Act to Amend the Hospital and Diagnostic Services Insurance Act.*

Statutes approved in 1999 with proclamation pending were: *An Act to Amend the Vital Statistics Act, An Act to Amend the Public Health Act,* and *Licensed Practical Nurses Act.*

During the year the following amendments or new regulations were enacted: Health Services Payment Act Regulations, Drug Cost Assistance Act Regulations, Welfare Assistance Act Regulations, Notifiable and Communicable Diseases Regulations (under the Public Health Act), and Regional Authorities Regulations (under the Health and Community Services Act).

**Human Resources Planning**

The Human Resource Planning Committee initiated demographic profiling on health care professions in the province for the purpose of projecting recruitment needs.

## CORPORATE SERVICES (Cont'd)

**Nursing Resource Planning**

A Nursing Resource Advisory Sub-Committee of the Provincial Human Resource Planning Committee was established to provide ongoing informed advice on nursing resource planning matters such as supply, demand, recruitment, retention, and integration of new registrants/staff.

Brochures describing "a day in the life" of nurses from various health areas were developed to promote nursing (and eventually other health care professions) in high schools and job fairs. The profiles present students with a true picture of the profession, including its challenges and rewards, and provide information on education requirements.

**Nursing Study**

In response to growing concern about a pending shortage of registered nurses the Department commissioned a study to determine the nature and extent of the situation, and to develop a plan of action to address immediate to long-term issues in the province. An interim report as well as an action plan addressing immediate to short-term issues were completed prior to fiscal year end. Delivery of the final report and the action plan for the medium to longer-term issues is scheduled for April 2000.

**Health Care Futures Initiative**

The Department, in cooperation with the health regions, developed a summer student employment program which created over 100 front line summer student employee positions in institutional and long term care sectors of the provincial health system. As the current health workforce ages, it is important to continue to attract youth to health care professions. By providing students with positive, meaningful work experiences, the goal of the initiative was to encourage more youth to consider careers in health. An evaluation of the program was very positive. The program will be re-offered in the Summer of 2000 and broadened to include community programs.

**Department Staff Satisfaction Survey**

In January 2000, the Department of Health and Social Services conducted an employee satisfaction survey. Responses to questions about improvements to the work environment were categorized into nine themes: teamwork and support; communication; recognition and feedback; training and development; physical work environment; staffing process; workload; role clarification and strategic planning; and other issues.

## CORPORATE SERVICES (Cont'd)

**Labour Relations**

Classification conversion to the Willis Classification System for Regional Authority employees who are members of UPSE Health, IUOE, and PEINU was completed.

**Federal/ Provincial Relations**

In September 1999, the Minister hosted the Conference of Federal/ Provincial/Territorial Ministers of Health. Earlier in the year, the Deputy Minister hosted the Deputy Ministers' Conference. Priority areas addressed included: health human resources; home care/continuing care; pharmaceutical issues; aboriginal health; health system funding; early childhood development; public health protection; health system infrastructure, the Y2K challenge; tobacco control; pandemic influenza; primary care reform; and organ and tissue donation.

The F/P/T Ministers of Health released the Second Report on the Health of Canadians "Toward a Healthy Future" and the "Statistical Report on the Health of Canadians". Ministers noted that the release of these reports would help re-orient the public debate on health toward a greater emphasis on the determinants of health.

The Conference of Federal/Provincial/Territorial Ministers and Deputy Ministers of Health dealt with reports from the Canadian Council on Health Technology Assessment, the Canadian Institute for Health Information, the Chief Information Officer's Forum (in particular the Y2K issue), and the Advisory Committees on Health Services, Population Health, Health Human Resources, and Health Infostructure.

**French Language Services**

At the beginning of the fiscal year a French Language Services Coordinator was employed with the Division. At that time administrative support was given to the bilingual float nurses at Prince County Hospital in order to update, translate and file all the information needed for French speaking patients. During the year a system for identifying these patients at the hospital and a system for collecting statistics on how many Francophones used the emergency service were also initiated.

A number of bilingual employees were evaluated in collaboration with the Language Training Centre in order to determine their level of French oral proficiency. The Training Centre also offered a beginner French oral communication course in Alberton for hospital staff.

# FINANCE, ADMINISTRATION and HEALTH INFORMATICS

***Role***

The Finance, Administration and Health Informatics Division has overall responsibility in the areas of: financial administration; contract management; payroll processing; medical claims report processing; information systems development and support; client registration, and vital statistics.

The Division has four sections.

***Overview***

## FINANCE and ADMINISTRATION

The Finance and Administration Section, which is under the direction of the Assistant Deputy Minister, is responsible for the overall financial administration of the Department. Major areas of responsibility include: budget preparation, monitoring and forecasting; processing of departmental expenditures; revenue management; financial planning and analysis; auditing and investigation services; research and development in financial and policy related areas; and managing the administrative requirements associated with the *Housing Corporation Act*. Staff work closely with departmental managers and the health regions to provide advice and support on financial and administrative matters. During the past year, staff assisted with the Provincial Pharmacy reorganization and the development of a new medical transport assistance program.

## HEALTH INFORMATICS

The Health Informatics Section, which is comprised of two branches, has overall responsibility for planning, implementation, support and management of information technology infrastructure, provincial applications and information resources.

Implementation and Support:

This area is responsible for the implementation, support and management of all provincial applications, the Island Health's wide area network and all provincial technology components. This includes development and management of project plans, contract management, provincial support services for end users, data base administration, etc. The branch also provides consulting services to the department and the regions for technology projects.

## FINANCE, ADMINISTRATION and HEALTH INFORMATICS (Cont'd)

Information Resource Management:

This branch is responsible for the strategic planning and management of the health system's information resources. This includes such activities as development of a system information resource management plan, data standards, strategies to extract and analyze information, as well as the development of options for information dissemination. The branch is also responsible for all aspects of security from policy to technology solutions.

### VITAL STATISTICS

The Office of Vital Statistics maintains vital event information for the province. The annual report of the office is contained in Appendix A.

### EAST PRINCE HEALTH FACILITY

In April 1998, Government announced its commitment to construct a new health facility to replace the existing Prince County Hospital. Working in partnership with East Prince Health, the Department, through the Project Director, who is also Director of Health Informatics, is responsible for all phases of planning, development and design of the facility.

***Report Highlights***

**Year 2000**

To prepare for the Year 2000 challenge, the Division assembled an effective, knowledgeable health system team to work on biomedical, facilities, information technology, supply chain and business continuity and contingency planning. As a result, there were no incidents and the health and social services system experienced a smooth roll-over to the Year 2000.

**Auditing and Investigation Services**

This section is responsible to conduct investigations and audits of the Financial Assistance Program, and to provide education to ensure consistent application of program policies and procedures across the province. Over the past year an increased focus has been placed on addressing overpayment accounts.

## FINANCE, ADMINISTRATION and HEALTH INFORMATICS
(Cont'd)

**East Prince Health Facility**

Significant progress was made in planning for the new East Prince Health Facility.

The Master Functional Program was completed, providing descriptions of programs and services to be delivered in the new facility, the number, size and type of rooms, staffing inter-relationships, how programs will be delivered, and recommendations on the number and type of staff required.

In July 1999 Government made a decision not to proceed with a public private partnership and opted for a more traditional approach to the construction of a new facility.

In October 1999 the architectural design began. The first design phase, the Conceptual Design, was completed in January. The Detail Design was initiated in February 1999. All phases of the design process are expected to be completed in October 1999.

Key Project Dates

| | |
|---|---|
| • April 98 | Government announced new facility |
| • May/June 98 | Community consultations on new facility and site selection criteria |
| • June-Dec 98 | Role Study completed |
| • Dec 98 | Request for Land Proposals issued, request for Master Functional program issued |
| • Jan 99 | Site Selection |
| • Feb 99 | Master and Functional program began |
| • Feb/March 99 | Community and employee consultations on Public Private Partnership (PPP) |
| • March 99 | Request for Qualifications issued |
| • April 99 | Site selection announced |
| • May 99 | Request for Qualifications evaluated |
| • July 99 | Decision not to proceed with PPP |
| • August 99 | Master and Functional programs drafted |
| • Oct 99 | Architectural design initiated |
| • Spring 2000 | Conceptual design, detailed design, preliminary site work |
| • Summer 2000 | Functional program finalized |
| • Fall 2000 | Design approval, response to Request for Proposal |
| • Spring 2001 | Construction begins |
| • Fall/Winter 2002/2003 | Building commissioning; equipment, staff and patient move; facility opens to the public |

## FINANCE, ADMINISTRATION and HEALTH INFORMATICS (Cont'd)

**Radiology Information System**

Significant effort has been taken to complete the requirements analysis for a provincial radiology system. This system will serve all acute facilities in the province. The requirements were issued to tender through a RFP process and proposals have been received.

**Maternal Child Information System**

A requirements analysis has been completed for the development of a system that would manage information from prenatal stages to teen years. The system is intended to support the services being provided by public health nurses, obstetrics/delivery, pre/post natal nutrition services and the provincial reproductive care program.

**Cymbiant**

Network Management and Oracle support services have been introduced within the health and social services system. There has been significant activity to negotiate and finalize the service level agreements with the partners involved. These components have been implemented and are working well.

**Health Infostructure Atlantic**

The Department entered into a strategic alliance with other Atlantic provinces to work cooperatively on health information technology and information management activities.

Health Infostructure Atlantic has developed a common vision for the Atlantic area and has started work to advance common data standards within the region.

**Peoplesoft HR System**

This project was part of a larger corporate initiative focused on the introduction of a human resources application across government. This component of the project was responsible for successfully implementing this application within the five health regions. As a province-wide HR system it standardizes and captures information about the health system's 4,000 employees in several areas including education, demographics, experience, and classification. Peoplesoft enables analysis of the workforce, helps provide information for HR planning, and automates former manual processes.

## FINANCE, ADMINISTRATION and HEALTH INFORMATICS
(Cont'd)

**Employee Data Base Administration**

The Finance and Administration Section continues to work closely with the Corporate Services Division and the PEI Public Service Commission. Over the past year, reporting processes on human resource and payroll data have been enhanced. This information is necessary to support financial monitoring, collective bargaining, and human resource planning.

**Claims Processing System**

During the year, the Division issued a Request for Proposals, acquired and implemented a new claims processing system. This application provides the framework for generic claims processing system with the initial implementation being for physician billing claims. This application required a stringent approach to security that was handled through a successful implementation of public key infrastructure.

## MEDICAL SERVICES

***Role***

The Division of Medical Services is responsible for coordinating the delivery of medical services to the population and for developing effective partnerships between physicians and others in the health care delivery system.

***Overview***

This Division is accountable for the administration of health services under the *Hospital Act* and the *Health Services Payment Act*; medical aspects of health programs and services; Medicare program; physician services, consultations, negotiations; and physician billing assessment, payment, and auditing.

***Report Highlights***

**Physician Resource Planning**

The Physician Resource Planning Committee, established for the purpose of directing and managing a physician resource plan for the province, continued to meet on a monthly basis. The committee has four representatives from the Medical Society, and two each from the Department and the PEI Health Association.

The Division continues to meet with Dalhousie Medical Students on a yearly basis and collaborates with other provinces through membership on the Atlantic Coordinating Committee on Medical Education (ACCME) and National Coordinating Committee on Post-Medical Training (NCCPMT). PEI acts as co-chair for both committees.

**Provincial Patient Registry**

Since the inception of the Provincial Patient Registry in September 1997, it has been successful in placing 1,377 Islanders and newcomers to the province with a family physician. This registry provides coordinated support to people seeking a family physician, and offers family physicians a more orderly process for introducing new patients into their practices.

## MEDICAL SERVICES (Cont'd)

**Provincial Recruitment Coordinating Committee**

A Provincial Recruitment Coordinating Committee was formed to ensure that a comprehensive provincial recruitment program was delivered effectively. This is a tripartite working group reporting to the Physician Resource Planning Committee. Advisory to the Department of Health and Social Services, it has representation from the Department, Physician Resource Planning Committee, Medical Society Board, and the provincial physician recruiter.

The mandate of the committee is to provide expertise on developing guidelines to implement the Provincial Physician Recruitment Strategy; to report on the process of recruitment activities to the Physician Resource Planning Committee and the Medical Society Board on a regular basis; to ensure budget guidelines are followed to allow the most efficient use of provincial funds in assisting individual physicians and health regions to recruit physicians; and to ensure that strategies developed are consistent with existing physician support programs.

**Provincial Physician Recruiter**

A Provincial Physician Recruiter position was approved to provide expertise on recruitment strategies to various stakeholders, and liaise with professionals and administrative staff in health regions and other provinces.

**Registration and Claims Processing System**

A new Resident Registration and Claims Processing System was implemented. This multi-tiered client/server application provides physicians with greater flexibility in transferring their claims and facilitates the preparation of more customized reports. The system was delivered in a series of four phases: Provider Registry; Submission of Claims; Rules; and Payments.

**Northumberland Family Medicine Training Unit**

Ongoing collaboration was initiated between the Department and the Northumberland Family Medicine Training Unit to develop a Prince Edward Island Family Medicine Training Program. A Provincial Medical Education Coordinator is to be hired to work closely with the Northumberland Family Medicine Training program to fulfill PEI's expectations for maximum exposure to potential medical recruits enrolled in the program. In association with Dalhousie Medical School and the Northumberland Medicine Training Unit, the coordinator will schedule Family Medicine and speciality clinical rotations and facilitate their evaluation with preceptors.

## MEDICAL SERVICES (Cont'd)

**Joint Consultation Committee**

The Joint Consultation Committee, formed as a result of the 1998 Master Agreement, continues to meet on a monthly basis and is co-chaired by a member from the Medical Society and a member of the Department. A Provincial Remuneration Program for house physicians in all public and private long-term care facilities was successfully implemented effective April 1, 2000.

The committee has developed policies on: coverage of a physician vacancy; objectives and guiding principles for sessional fees; physician honoraria; practice conversions for purposes of alternate payment programs; and a salary scale for general practitioners. A Surgical Consultation Sub Committee was struck to review utilization, surgical consultations fee code, and a course of action for working with physicians to ensure shadow billing to the Medicare system was established.

**Dental Association**

A new agreement was signed with the Dental Association of Prince Edward Island. Effective July 31, 1999, surgical removal of erupted or impacted teeth was de-insured regardless of treatment. Oral maxillofacial surgeons may perform surgical removal of impacted or erupted teeth in the hospital setting conditional upon receiving prior approval from the Department.

**Primary Care Re-Design**

The development of a Community Health Centre in the Queens Health Region is being explored. The Centre will use an interdisciplinary team to support the health and well being of the population, improve access to health services, preserve high participant satisfaction and improve health outcomes.

# PUBLIC HEALTH and EVALUATION SERVICES

***Role***

The Public Health and Evaluation Division provides support and provincial leadership in the areas of health promotion, health protection, disease and injury prevention and healthy public policy. The Division also provides support to the health system with program evaluation and research initiatives.

The Division has four sections.

***Overview***

## PUBLIC HEALTH PROGRAMS

The Public Health Programs Section has responsibility for: policy development and standards of all Public Health Nursing; Community Nutrition; Diabetes Education; Environmental Health; Children's Dental Care programs; participation in the PEI Reproductive Care Program; coordinating provincial strategies on HIV/AIDS and tobacco reduction; collaborating with the regions and community groups on healthy public policy; developing health education material; and implementing social marketing campaigns.

## EVALUATION SERVICES

Evaluation Services staff work with the health regions to conduct research and program evaluation to provide evidence-based decision making and to improve the planning and delivery of programs and services.

## HEALTH INFORMATION RESOURCE CENTRE

The Health Information Resource Centre provides Islanders with access to credible and timely information to help them make more informed choices about their health and the health of their families. Information is available by visiting or calling the Centre in Charlottetown, as well as through its web and satellite sites in the other four health regions.

## HEART HEALTH PROGRAM

The Heart Health Program is a federally funded community-based research project. The purpose of the program is to identify approaches to reduce premature death and disability caused by cardiovascular disease through the promotion of heart health such as nutrition, activity, weight control and stress management. Based in Eastern Kings, the project was completed in March 2000.

## PUBLIC HEALTH and EVALUATION SERVICES (Cont'd)

***Report Highlights***

**Reducing Tobacco Use**

Smoking is a serious health problem on PEI. 33 percent of Islanders over the age of 15 smoke compared to 29 percent of Canadians. PEI is tied with Quebec as the province which most exposes children to second hand smoke. As a partner in the PEI Tobacco Reduction Alliance, the Department: introduced two new self-help cessation programs for pregnant women; compiled and distributed an inventory of smoking cessation programs across PEI; began development of an evidence-based campaign to encourage smoke free Island homes and workplaces; participated in training 22 facilitators to deliver teen cessation programs in high schools of which five programs were implemented; provided training in collaboration with the Allied Youth Peer Education Program to high school students to implement student-led prevention and cessation activities; sent resource material to schools including self-help programs, planning guides and videos; and launched a poster campaign in junior and senior high schools.

**Diabetes**

Following a comprehensive review of diabetes services, a provincial coordinating committee was established. Members include regional coordinators, the Medical Society, Diabetes Association, and others. The group is now developing a provincial strategy to enhance diabetes education and management to help Islanders better control their diabetes, and to prepare for more incidence of diabetes as the population ages.

**Children's Dental Care**

PEI children have access to some of the best dental care in the country with 85 percent receiving regular care through provincial programs. Dental Public Health, a provincial service delivered by the Queen's Region, provided services through the Children's Dental Care Program to 17,988 children. Diagnostic and treatment services are provided by private dentists or Dental Public Health.

**Prenatal Health**

Investing in prenatal health and the first five years of life is good for children and for all Islanders. With assistance from Health Canada's Local Public Health Infrastructure Development Project, a study was completed to strengthen early childhood development services by evaluating public health nursing programs and other supports during the prenatal period and the period after babies are born. Based on recommendations from the study, fees to attend prenatal classes were removed. Other recommendations are presently under review.

## PUBLIC HEALTH and EVALUATION SERVICES (Cont'd)

**HIV/AIDS**

Along with community partners, the Department is committed to the prevention and spread of HIV/AIDS. In addition to supporting new provincial HIV testing guidelines for pregnant women, the Division assisted with a review of the PEI HIV/AIDS Strategy work plan, participated in the Community Based Research Conference for HIV/AIDS, and served in an advisory capacity to the HIV Pregnancy and Education Project with a range of community partners.

**Reducing Food and Water Related Illness**

The risk of illness can be reduced by thorough cooking, correct storage of food and good hygiene. Education is the main focus in the prevention of disease from food and water related illness. Environmental Health, located in Queens Region, delivered 11 food training programs to 228 participants. Approximately 1600 inspections were conducted across the province at all premises serving or dispensing food to the public.

**Monitoring Air Quality**

During the past fiscal year, indoor air quality monitoring was completed in six schools by Environmental Health in cooperation with the Department of Transportation and Public Works. As well, during the year, there was an increase in requests for indoor air monitoring in private homes resulting from referrals by family physicians, involvement in a study sponsored by the Reproductive Care Program, and referrals from the Dr. Gill Asthma Education Centre.

**Health Information Resource Centre**

Health education and access to information supports the health of Islanders. During the year, the Health Information Resource Centre received more than 4,500 requests each month.

In 1999-2000, the Centre began providing Community Access Program (CAP) services and was selected along with its partners to be the Eastern Operating Partner for the Canadian Health Network, a Health Canada initiative to improve national access to high-quality health information through the Internet.

**Supporting Healthy Nutrition**

Diet and nutrition are directly related to the onset of some of the major causes of death, especially cancer and coronary heart disease. Key activities involving the Division included revision of the community nutrition policy and procedures manual for community nutritionists and a comprehensive review of the PEI Prenatal Nutrition Intervention Program.

## PUBLIC HEALTH and EVALUATION SERVICES (Cont'd)

**PEI Reproductive Care Program**

This program is a joint initiative between the Department and the Medical Society of PEI with the aim of maximizing fetal, maternal, newborn and family health during the prenatal and postnatal periods. In addition to being the first province in Canada to implement prenatal psychosocial assessment as part of standard prenatal care, the program continued to participate in an Indoor Air Quality and Health of Infants Study with Canada Mortgage and Housing Corporation and Health Canada. The study, entering the fourth of five years, is examining the relationship between indoor air quality and infant health.

**Encouraging Breastfeeding**

Breastfeeding protects an infant from infectious disease, and helps the brain and nervous system develop. Despite this, only 60 percent of Island women choose to breastfeed their baby compared to about 80 percent of women across Canada. The Department supported the PEI Breastfeeding Coalition to develop a nationally recognized strategic plan to increase PEI breastfeeding rates.

**Heart Health**

The PEI Heart Health Dissemination Research project integrated its functions with the Eastern Kings Health Authority and communities in that region. The coalition, Healthy Communities in Action, and its working groups (Stress Free, Active Living, Smoke Free, and Nutrition) delivered a number of programs including: health fairs; walking clubs; a yoga club; community school presentations; grocery store tours; and Heart Check events.

**Health Education**

The Division continued to develop and procure public education materials for health system staff and the public. The Atlantic Breast Cancer Information Partnership, the Baby Friendly Initiative, the Breastfeeding Coalition of PEI, the Queen Elizabeth Hospital, and Elementary School Health Curriculum were supported to develop health education programs and resources.

## PUBLIC HEALTH and EVALUATION SERVICES (Cont'd)

**Evaluation Services**

Assistance was provided in assessing health program efficiency and effectiveness which produced information to guide program decisions to ensure the best use of health system resources. Evaluation assessment services were provided to more than 20 areas and projects including: Client Satisfaction Survey for the Public Health Division; Program Indicators Project; Eastern Kings Health Staff Satisfaction Surveys; and Integration of Autism Services.

Evaluation Services staff facilitated five evaluation training sessions for regional health staff. The regions were provided with an evaluation manual, various federal and provincial reports, notices of grant opportunities, and a national newsletter. These services are aimed at increasing capacity in the health regions to monitor program, quality and client outcomes.

A provincial Evaluation Committee, comprising departmental and regional evaluation staff, was established to coordinate evaluation work across the health system. During the year the committee approved evaluation guidelines and standards to ensure consistent high quality evaluation of health programs and services.

**Health Research Program**

The PEI Health Research Program was launched during the past year. Research funded by the program will provide information on effective ways to prevent, manage, and treat diabetes, cancer, asthma, and other illnesses.

*Appendix "A"*

**Division of Vital Statistics**
**1999-2000**

The Office of Vital Statistics is responsible for the collection, registration and maintenance of vital event information for the Province, which includes: births, deaths, marriages, adoptions, divorces, stillbirths, and change of name.

Vital event information is used to support a national, and a provincial statistical system, both for population information and health information. This information is used by researchers and health planners to determine the population's health and necessary health services. Another function of Vital Statistics data is to provide persons born in Prince Edward Island with a legal status or identity by way of the birth registration process. This process is the first official step in a person's right to a legal identity and is the country's first official recognition of a person's existence. Birth certificates are produced from an electronic extract of information obtained through the birth registration process. They are a primary source of legal identification required by most government and private organizations when determining a person's eligibility for programs or services. Another significant contribution of Vital Statistics data is providing information for the administration of a wide range of programs and services. For example, demographic information from the mortality database is provided to many programs and services for the maintenance of information systems. This process enhances the integrity and efficiency of programs and services, reduces the frequency of fraud and results in savings to taxpayers.

The collection of registrations is decentralized to 19 population centres. Deputy district registrars forward registrations to the Director of Vital Statistics for verification, processing and permanent filing. Provincial, national and international standards, are required for these procedures as information is provided to Statistics Canada for further processing and reporting to the World Health Organization (WHO) where the data is tabulated and reported worldwide.

The office administers the *Vital Statistics Act*, as well as the *Change of Name Act*, the *Marriage Act* and ensures the effective recording of court orders issued under the *Adoption Act* and the *Child Status Act*. The office also issues marriage licenses and registers Clergy for the purpose of performing the marriage ceremony.

*Appendix "A" (cont'd)*

**REGISTRATIONS, CERTIFICATES AND OTHER DOCUMENTS PROCESSED**
(These figures are based on the calendar year)

**REGISTRATION ACCEPTED UNDER THE VITAL STATISTICS ACT:**

| | 1998 | 1999 |
|---|---|---|
| Birth Registrations | 1,476 | 1,493 |
| Marriage Registrations | 882 | 931 |
| Death Registrations | 1,164 | 1,096 |
| Stillbirth Registrations | 4 | 5 |
| Adoptions Registration | 37 | 37 |
| Divorce Decrees | 309 | 278 |
| Delayed Registrations | 8 | 10 |
| **TOTAL REGISTRATIONS RECEIVED** | **3,880** | **3,850** |
| Amendments of Birth registration due to marriage | 51 | 63 |
| Corrections/Amendments (other) to registrations | *6,094 | **646 |
| Changes of name recorded under Change of Name Act | 41 | 39 |

**CERTIFICATES ISSUED UNDER VITAL STATISTICS ACT**

| | | |
|---|---|---|
| Birth (short form or wallet size) | 4,439 | 4,920 |
| Birth (long form) | 316 | 694 |
| Marriage | 401 | 442 |
| Death | 145 | 125 |
| Total Certificates | 5,301 | 6,181 |
| Marriage Licenses issued under the Marriage Act | 889 | 931 |

* Includes amendments completed for maintenance of Statistics Canada records (no fees).
** Does not include corrections/amendments completed for maintenance of Statistics Canada records (no fees).

Note: Some of the numbers for 1998 Registrations have been adjusted from last year's Annual Report due to delayed Registrations.

*Appendix "A" (cont'd)*

**VITAL STATISTICS**
**PRINCE EDWARD ISLAND 1993 - 1997**

| | 1994 | 1995 | 1996 | 1997 | 1998 |
|---|---|---|---|---|---|
| Population | 134.5 | 136.1 | 137.3 | 137.2 | 137,023 |
| Live Births by Residence * | 1,716 | 1,754 | 1,694 | 1,591 | * |
| Rate per 1000 | 12.8 | 12.9 | 12.3 | 11.6 | * |
| Live Births by Occurrence | 1,693 | 1,746 | 1,663 | 1,570 | 1,476 |
| Rate per 1,000 Population | 12.6 | 12.8 | 12.1 | 11.4 | 10.8 |
| Deaths by Residence | 1,114 | 1,155 | 1,268 | 1,030 | * |
| Rate per 1,000 Population | 8.3 | 8.5 | 9.2 | 7.5 | * |
| Deaths by Occurrence | 1,094 | 1,142 | 1,252 | 1,023 | 1,164 |
| Rate per 1,000 Population | 8.1 | 8.4 | 9.1 | 7.5 | 8.5 |
| Natural Population Increase | 602 | 599 | 426 | 561 | * |
| Rate per 1,000 Population | 4.4 | 4.4 | 3.1 | 4.1 | * |
| STILLBIRTHS | | | | | |
| 22wks TO 27wks gestation | 4 | 3 | 2 | 0 | 0 |
| Rate per 1,000 births | 2.3 | 1.7 | 1.5 | | 0 |
| 28+ weeks gestation | 9 | 10 | 5 | 4 | 3 |
| Rate per 1,000 live births | 5.2 | 5.7 | 3.6 | 2.5 | 2.03 |
| Marriages | 850 | 871 | 924 | 876 | 882 |
| Rate per 1,000 population | 6.3 | 6.4 | 6.7 | 6.4 | 6.4 |
| Divorces | 253 | 261 | 220 | 243 | 309 |
| Rate per 100,000 population | 188 | 191.7 | 160.2 | 177.1 | 225.5 |

* Live Births by Residence are not available at this time.
* Deaths By Residence are not available at this time.
* Natural Population Increase is based on Live Births by Residence and Deaths by Residence.
* Rate per 1,000 Population is based on Live Births by Residence and Deaths by Residence.

*Appendix "B"*

**Welfare Assistance Program**
**1999-2000**

The Welfare Assistance Program continued to follow a strategic direction focused on self reliance and personal responsibility, in keeping with the program's mandate as outlined in the *Welfare Assistance Act* and Regulations. In this regard, the program continued to work toward its primary objectives: provision of services to prevent social dependency, provision of cash and non-cash benefits to those in need, and provision of restorative and rehabilitative services to assist in developing increased self-sufficiency.

This year, increases in rates for the Welfare Assistance program included a 10 percent increase in the food allowance and the pregnancy food allowance, a 100 percent increase in the school allowance by issuing this benefit twice a year rather than once, and an increase of 21 percent to the rates for community care facilities.

Comprehensive needs assessments, enhanced verification procedures, intensified fraud control measures, increased staff education and a Welfare Assistance rate review were conducted. As well, an ongoing operational policy review continued to ensure up-to-date, relevant policy for the guidance of program staff.

These combined actions contributed to the following results in fiscal year 1999/2000:

- A decrease in the Welfare Assistance caseload of 9.2 percent, (475 cases), from the previous year. At 4,668 cases, this was the lowest caseload figure in nine years.

- A decrease in Welfare Assistance expenditures of 12.5 percent ($4.5M) from the previous year. This is the sixth straight year in which expenditures have been reduced.

During the year the Welfare Assistance Appeals Board received 96 appeals, of which 77 were denied and 19 granted. Of these appeals, the Board heard 84 cases as 12 appeals were dismissed or withdrawn for various reasons. Among the 84 appeals heard, there were three requests for a review of the decision made by the Director of Welfare Assistance with one decision overturned in favour of the Director and two remaining the same, in favour of the appellant.

The Family Support Orders Program began as a pilot project in December 1994. By obtaining maintenance payments from non-custodial parents of children in need of financial assistance, the program has led to more secure financial support for the children, a reduced welfare assistance caseload, and reduced welfare assistance expenditures. The success of this pilot project led to the decision in 1997-98 to make this a permanent service. During 1999/2000 the program was credited with helping 82 cases to move off social assistance.

Job Creation/Employment Enhancement programs continued to be the primary paths used to move individuals from dependence on welfare assistance to greater self-sufficiency in the work force. JC/EE Program works closely with the private sector to create placements for clients.

*Appendix "B" (cont'd)*

A range of measures contributed to the movement of clients from social assistance to active participation in the labour force. These measures included enhanced assessment of client needs, timely and effective intervention to overcome barriers to employment, and more aggressive marketing of the two programs.

**Welfare Assistance Clients**
**1993-2000**

| Fiscal Year | 1993/94 | 1994/95 | 1995/96 | 1996/97 | 1997/98 | 1998/99 | 1999/00 |
|---|---|---|---|---|---|---|---|
| Average Monthly Cases | 6,207 | 6,103 | 5,741 | 5,562 | 5,465 | 5,143 | 4,668 |
| % Change | +6.4% | -1.7% | -5.9% | -3.1% | -1.7% | -5.9% | -9.2% |
| Total Program Costs | $45.5M | $42.9M | $40.0M | $38.6M | $38.3M | $35.9M | $31.4M |
| % Change | +6.3% | -5.8% | -6.8% | -3.5% | -0.8% | -6.2% | -12.5% |

**Welfare Assistance Appeals Board**
**Activity by Region in 1999 - 2000**

| Region | Appeals Received | Appeals Denied | Appeals Granted | Appeals Heard | *No Shows/ Dismissed |
|---|---|---|---|---|---|
| West Prince | 2 | 1 | 1 | 2 | 0 |
| East Prince | 20 | 17 | 3 | 17 | 3 |
| Queens | 61 | 51 | 10 | 54 | 7 |
| Southern Kings | 12 | 7 | 5 | 11 | 1 |
| Eastern Kings | 1 | 1 | 0 | 0 | 1 |
| **Total** | **96** | **77** | **19** | **84** | **12** |

*If an appellant does not appear for the hearing, the appeal is dismissed/denied.

*Appendix "B" (cont'd)*

**Job Creation/Employment Enhancement Programs 1993-2000**

| Fiscal Year | No. of Placements | Expenditures |
|---|---|---|
| 1999-00 | 1760 | $1.9 m |
| 1998-99 | 2053 | $1.8 m |
| 1997-98 | 1015 | $1.4 m |
| 1996-97 | 833 | $1.5 m |
| 1995-96 | 793 | $1.2 m |
| 1994-95 | 426 | $0.9 m |
| 1993-94 | 447 | $1.1 m |

**Job Creation/Employment Enhancement Programs**
**Activity by Region in 1999-2000**

| Region | No. of Placements | Expenditures |
|---|---|---|
| **West Prince** | | |
| JCP | 65 | $ 197,998 |
| EEP | 81 | |
| Total | 146 | |
| **East Prince** | | |
| JCP | 145 | $ 315,349 |
| EEP | 0 | |
| Total | 145 | |
| **Queens** | | |
| JCP | 514 | $1,052,047 |
| EEP | 686 | |
| Total | 1200 | |
| **Southern Kings** | | |
| JCP | 106 | $ 217,865 |
| EEP | 6 | |
| Total | 112 | |
| **Eastern Kings** | | |
| JCP | 60 | $ 136,411 |
| EEP | 97 | |
| Total | 157 | |
| **TOTAL** | **1760** | **$1,919,670** |

*Appendix "C"*

## Statistical Highlights
## 1999-2000

### Acute Care Hospital Utilization*

### Acute Care Hospital Beds

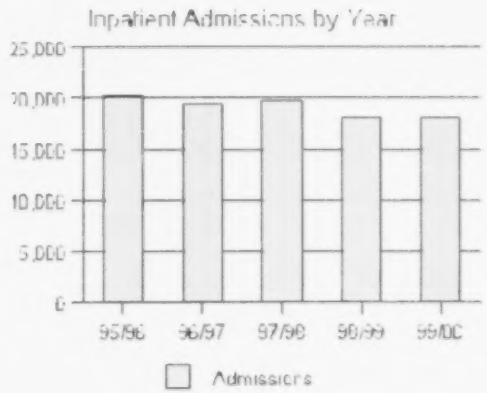
The total number of provincially approved inpatient hospital beds has remained constant at 474. In addition, PEI patients used the equivalent of 42 hospital beds out of province for a total of 516 beds. This is equivalent to 3.7 beds per 1000 population.

### In Province Hospital Data

### Inpatient Admissions

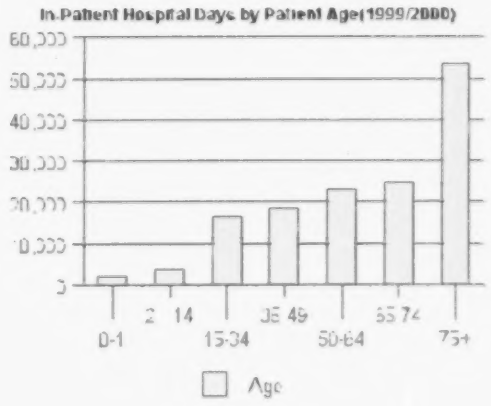
The total number of inpatient admissions decreased 2% from 18,148 in 1998/99 to 17,796 in 1999/00.

The number of inpatient days in PEI hospitals totaled 148,473, a 3% increase from 1998/99. The average length of stay increased from 7.9 days in 1998/99 to 8.4 days in 1999/00, with a range of 6 to 13 days for individual facilities.




### In-Patient Hospital Days by Age Categories

Individuals 75 years and over used 53,671 in-patient hospital days, representing 38% of total in-patient days. Individuals 65 years and over used 45% of in-patient hospital days at the QEH and 54% of days at the PCH. At the rural facilities 65-76% of days were used by individuals 65 years and older. This is consistent with previous years.



*Appendix "C" (cont'd)*

**Reasons for Admission to PEI Hospitals**

The most frequent reasons for admission to hospitals in PEI and the average length of stay is summarized in the table below.

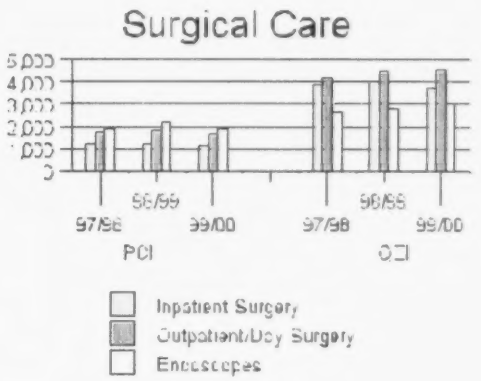
As in previous years, some variation exists in reasons for admission to the rural facilities. For example, *Convalescence* and *Aftercare* is more common in rural hospitals.

| Most Frequent Reasons for Admission to Hospitals (In Province) | | |
|---|---|---|
| Reason for Admission | No. of Admissions | Average Length of Stay (Days) |
| Gastrointestinal/Digestive Disorders | 1238 | 4.8 |
| Newborn >2500g. | 1079 | 2.7 |
| Vaginal Delivery | 758 | 2.8 |
| Simple Pneumonia and Pleurisy | 480 | 11.0 |
| Heart Failure | 323 | 12.6 |
| Depression | 272 | 16.2 |
| Cerebrovascular Disorder, i.e., stroke | 226 | 22.3 |

**Surgical Care**

At the QEH, inpatient surgeries decreased from 4,022 in 1998/99 to 3,736 in 1999/00 representing a 6% decrease. However, increases occurred in outpatient (day) surgery and endoscopes. The increase in day surgery may be explained by the fact that eight beds were reallocated to day surgery from inpatient surgery.

At the PCH, inpatient surgeries decreased 8% from 1,213 in 1998/99 to 1,116 in 1999/00. Outpatient (day) surgery decreased 8% from 1,819 in 1998/99 to 1,675 in 1999/00. The number of endoscopes decreased 14% from 2,190 in 1998/99 to 1,894 in 1999/00.

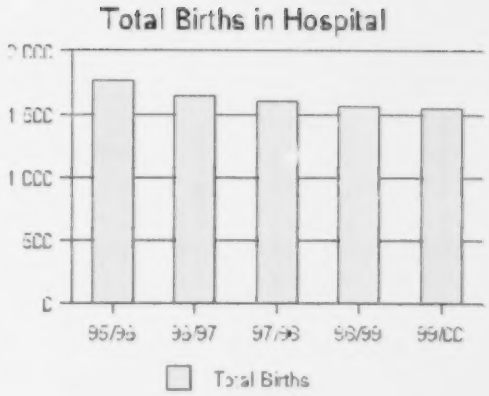


*Appendix "C" (cont'd)*

**Births**

The total number of births for 1999/00 was 1546, which includes 24 births in out-of-province hospitals. This is a 1% decrease in births from 1998/99. Sixty-five percent (65%) of these births occurred at the QEH.

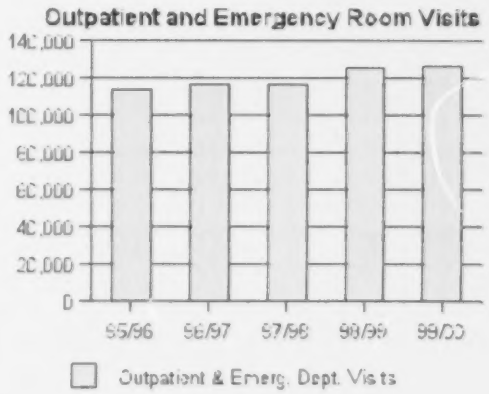
Average length of stay for vaginal deliveries was 3.2 days at QEH and 3.3 days at PCH. Length of stay for caesarian deliveries averaged 5.2 days at QEH and 4.4 days at PCH.




**Outpatient and Emergency Room Visits**

Emergency room and out patient visits increased 1% to 126,696 in 1999/00 from 125,062 in 1998/00. There were an additional 15,571 outpatient department visits at the QEH. This includes medical and radiation oncology; traveling and outpatient physician clinics.

This figure is not included in the total to facilitate comparisons with previous years.




**Out of Province Hospital Data**

**Out Patient Services**

Approximately 5,000 PEI residents made 14,151 visits to out of province outpatient departments in 1999/00. This 14% decrease in visits from 1998/99 is partially a result of enhanced cancer treatment services in PEI.

**Inpatient Services**

Approximately 1,500 PEI residents were treated as inpatients in out-of-province hospitals in 1999/00. Total admissions were 1,880 and a total of 15,365 days were utilized. This 16% decrease from 1998/99 in both inpatient admissions and total days is attributed to changes in cancer treatment in PEI and additional surgical specialists in province.

*All data, except Reasons for Admission and Out of Province Data , is self reported from individual hospitals and includes resident and non-resident services.
Reason for Admission - *Provincial DAD Database, Out of Province - Physician Claims Database.*

*Appendix "C" (cont'd)*

**PHYSICIAN COMPLEMENT**
AS OF MARCH 2000

| | Physician Resource Planning Committee Approved Complement | Filled Positions (Full-Time Equivalent) |
|---|---|---|
| Family Practice | 71 | 68 |
| Addiction Services | 2 | 1 |
| Emergency Room Physicians | 6 | 6 |
| **SPECIALITIES** | | |
| Anaesthesia | 9 | 8 |
| Dermatology | 1 | 1 |
| Internal Medicine | 10.2 | 10.2 |
| Neurology | 1 | 1 |
| Obstetrics/Gynecology | 8 | 7 |
| Ophthalmology | 4 | 4 |
| Otolaryngology | 3 | 2 |
| Pediatrics | 6 | 6 |
| Psychiatry | 10 | 5.9 |
| Surgery: General | 7 | 7 |
| Orthopedic | 3 | 3 |
| Plastics | 2 | 2 |
| Urological | 2 | 2 |
| Physical Medicine | 1 | 1 |
| Oncology* | 2.7 | 2.7 |
| Radiology | 7.5 | 5.7 |
| Lab. Physicians | | |
| Pathology | 4 | 4 |
| Microbiology | 1 | 1 |
| Hematology | .5 | .5 |
| **TOTALS** | 161.9 | 149.0 |

* Includes Medical and Radiation Oncology
Medical Services were also provided by an additional 38 non-complement physicians, 10 of whom were specialists

*Appendix "C" (cont'd)*

**LONG TERM (CONTINUING) CARE**

## Beds by Region - 1999/2000

| Region | Nursing Homes[1] | | | Community Care Facilities[2] |
|---|---|---|---|---|
| | Private | Public(Manors) | Total[4] | |
| West Prince | -- | 64 | 64 | 91 |
| East Prince | 46 | 170 | 216 | 243 |
| Queens | 320 | 208[3] | 528 | 390 |
| Southern Kings | 31 | 51 | 82 | 92 |
| Eastern Kings | -- | 53 | 53 | 32 |
| **TOTAL** | **397** | **546** | **943** | **848** |

1. Provides Level 4-5 care (Licensed).
2. Provides Level 1-3 care (Licensed).
3. Excludes 56 (extended and palliative care) beds at Prince Edward Home.
4. Includes 10 respite beds in manors.

*Appendix "C" (cont'd)*

**CHILDREN in CARE**
**1997-2000***

| | 31 March 1997 | | 31 March 1998 | | 31 March 1999 | | 31 March 2000 | |
|---|---|---|---|---|---|---|---|---|
| Age Groups | Male | Female | Male | Female | Male | Female | Male | Female |
| 0 - 11 | 45 | 34 | 53 | 57 | 44 | 42 | 48 | 42 |
| 12 - 14 | 25 | 23 | 28 | 32 | 20 | 18 | 20 | 19 |
| 15+ | 28 | 49 | 42 | 78 | 30 | 60 | 32 | 60 |
| **Totals** | **98** | **106** | **123** | **166** | **94** | **120** | **100** | **121** |

*All information given is for the number of children in care at 31 March of each year.

**By Region at March 31, 2000:**

| | |
|---|---|
| West Prince | 16 |
| East Prince | 34 |
| Queens | 136 |
| Southern Kings | 25 |
| Eastern Kings | 5 |
| Adoptive Homes | 5 |
| **TOTAL:** | **221** |

# FINANCIAL STATEMENTS

## FINANCIAL SUMMARY

| | 1999-2000 Estimates | 1999-2000 Actuals | Variance |
|---|---|---|---|
| **EXPENDITURES** | | | |
| **Department Management / Services** | | | |
| Office of the Deputy Minister | 276,900 | 273,100 | 3,800 |
| Office of the Chief Health Officer | 553,200 | 538,300 | 14,900 |
| Medical Services | 36,253,700 | 37,427,600 | (1,173,900) |
| Finance, Administration and Health Informatics | 13,086,900 | 13,851,300 | (764,400) |
| Corporate Services | 778,400 | 639,800 | 138,600 |
| Acute and Continuing Care | 19,864,800 | 20,573,600 | (708,800) |
| Public Health and Evaluation Services | 1,269,100 | 1,195,300 | 73,800 |
| Child, Family and Community Services | 5,553,500 | 4,843,400 | 710,100 |
| **Total Department/Management Services** | **77,636,500** | **79,342,400** | **(1,705,900)** |
| **Regionally Delivered Services** | **222,173,100** | **228,964,600** | **(6,791,500)** |
| **Total Department of Health and Social Services** | **299,809,600** | **308,307,000** | **(8,497,400)** |
| **East Prince Health Facility** | **1,427,000** | **2,245,100** | **(818,100)** |
| **Total Health and Social Services** | **301,236,600** | **310,552,100** | **(9,315,500)** |
| **REVENUES** | | | |
| **Department Management / Services** | | | |
| Federal | 3,698,800 | 4,559,600 | 860,800 |
| Licenses and Permits | 63,200 | 86,900 | 23,700 |
| Fees and Services | 745,400 | 401,300 | (344,100) |
| Sales | 250,000 | 158,600 | (91,400) |
| Investments | 750,000 | 780,900 | 30,900 |
| **Total Department Management/Services** | **5,507,400** | **5,987,300** | **479,900** |
| **Regional Revenue** | **12,833,800** | **15,206,600** | **2,372,800** |
| **Total Health and Social Services** | **18,341,200** | **21,193,900** | **2,852,700** |

# FINANCIAL STATEMENTS (cont'd)

## MAJOR PROGRAM AREA EXPENDITURES

| | 1997/98 | 1998/99 | 1999/00 |
|---|---|---|---|
| **Health Care** | | | |
| Hospital Services | 94,866,200 | 101,580,600 | 103,978,300 |
| Physician Services | 33,561,400 | 35,705,600 | 36,508,700 |
| Blood Services | 1,837,800 | 3,553,500 | 2,665,000 |
| Ambulance Services | 1,965,500 | 2,355,900 | 2,232,300 |
| Home Care | 4,749,600 | 5,132,500 | 5,789,800 |
| Continuing Care | 29,371,000 | 31,052,200 | 33,967,100 |
| Provincial Pharmacy | 9,288,300 | 10,785,300 | 12,328,800 |
| Mental Health | 9,888,400 | 10,180,400 | 10,205,900 |
| Public Health Nursing | 1,888,800 | 1,914,200 | 2,111,900 |
| Addiction Services | 3,849,600 | 3,988,400 | 4,544,900 |
| Dental Public Health | 1,997,100 | 2,059,700 | 2,106,000 |
| East Prince Health Facility | | 344,900 | 2,244,100 |
| Other Programs | 14,951,500 | 14,488,100 | 18,841,600 |
| **Total Health Care** | **208,215,200** | **223,141,300** | **237,524,400** |
| **Social Services** | | | |
| Child & Family Services | 61,102,500 | 58,707,900 | 56,452,500 |
| Job Creation | 2,407,400 | 2,826,900 | 2,329,800 |
| Social Housing | 9,123,800 | 9,119,400 | 9,178,200 |
| Grants - Non Gov't Organizations | 5,431,200 | 5,479,600 | 5,066,700 |
| **Total Social Services** | **78,064,900** | **76,133,800** | **73,027,200** |
| **Total Health & Social Services** | **286,280,100** | **299,275,100** | **310,551,600** |

## FINANCIAL STATEMENTS (cont'd)

### MAJOR PROGRAM AS A PERCENTAGE OF TOTAL BUDGET

| | 1997/98 | 1998/99 | 1999/00 |
|---|---|---|---|
| Health Care | | | |
| Hospital Services | 33.2 | 34.0 | 33.5 |
| Physician Services | 11.7 | 11.9 | 11.8 |
| Blood Services | 0.6 | 1.2 | 0.9 |
| Ambulance Services | 0.7 | 0.8 | 0.7 |
| Home Care | 1.7 | 1.7 | 1.8 |
| Continuing Care | 10.3 | 10.4 | 10.9 |
| Provincial Pharmacy | 3.2 | 3.6 | 4.0 |
| Mental Health | 3.5 | 3.4 | 3.3 |
| Public Health Nursing | 0.7 | 0.7 | 0.7 |
| Addiction Serfvices | 1.3 | 1.3 | 1.5 |
| Dental Public Helath | 0.7 | 0.7 | 0.7 |
| East Prince Health Facility | 0.0 | 0.1 | 0.7 |
| Other Programs | 5.2 | 4.8 | 6.0 |
| **Total Health Care** | **72.8** | **74.6** | **76.5** |
| Social Services | | | |
| Child & Family Services | 21.3 | 19.6 | 18.1 |
| Job Creation | 0.8 | 0.9 | 0.8 |
| Social Housing | 3.2 | 3.1 | 3.0 |
| Grants - Non Gov't Organizations | 1.9 | 1.8 | 1.6 |
| **Total Social Services** | **27.2** | **25.4** | **23.5** |
| **Total Health & Social Services** | **100.0** | **100.0** | **100.0** |